


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2008 8:00 am
Secretary of State

01-10-2008 90020 047 ***138.75

DOCUMENT # L06000117134

1. Entity Name
FLEGEL FAMILY ENTERPRISES, LLC



Principal Place of Business Mailing Address

% HOLLAND & KNIGHT LLP **% HOLLAND & KNIGHT-LLP**
100 N. TAMPA STREET, STE. 4100 **100 N. TAMPA STREET, STE. 4100**
TAMPA, FL 33602 **TAMPA, FL 33602**

60000728



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

1415 Panther Lane **1415 Panther Lane**

Suite, Apt. #, etc. Suite, Apt. #, etc.

Suite 159 **Suite 159**

City & State City & State

Naples, FL **Naples, FL**

Zip Country Zip Country

34109 **USA** **34109** **USA**

01082008 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For

20-8498518 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVENUE, STE. 2800 MIAMI, FL 33131		Name: Intrastate Registered Agent Corporation Street Address (P.O. Box Number is Not Acceptable): 40 Corporate Creations Network Inc. 11380 Prosperity Farms Rd # 221E City: Palm Beach Gardens FL Zip Code: 33410	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *S. Leslie Flegel* **S. Leslie Flegel** **1.8.2008**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FLEGEL, S. LESLIE 4951 GULF SHORE BLVD. NORTH, PH 201 NAPLES, FL 34108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Flegel S. Leslie 1415 Panther Ln. Suite 159 Naples, FL 34109 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *S. Leslie Flegel* **S. Leslie Flegel** **1.8.2008** **(239) 591.6224**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #