

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000009222

1. Entity Name
FLAGSHIP COMMUNITIES, L.L.C.

Principal Place of Business Address
430-B Royal Pines Pkwy.
St. Augustine, FL 32092

Mailing Address
430-B Royal Pines Pkwy.
St. Augustine, FL 32092

2. Principal Place of Business Address

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number
59-3614698

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUN 13 PM 3:00

6. Name and Address of Current Registered Agent

Randolph J. Wolfe
One Tampa City Center
201 North Franklin Street, Suite 2200
Tampa, FL 33602

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reinstating!

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE	Manager	<input type="checkbox"/> Delete
NAME	David L. Lester	
STREET ADDRESS	148 Bristol East Road	
CITY-ST-ZIP	Bristol, VA 24202	
TITLE	Manager	<input type="checkbox"/> Delete
NAME	Bryan L. Weber	
STREET ADDRESS	430-B Royal Pines Pkwy.	
CITY-ST-ZIP	St. Augustine, FL 32092	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	800003298798--6
CITY-ST-ZIP	-06/21/00--01047--005 *****50.00 *****50.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	3K
CITY-ST-ZIP	6/13
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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

Bryan L. Weber

Date

(904) 940-9060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Daytime Phone #