


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # L99000009222
 1. Entity Name
 FLAGSHIP COMMUNITIES, L.L.C.



Principal Place of Business 5000 SAWGRASS VILLAGE CIRCLE SUITE 1 PONTE VEDRA BEACH, FL 32082	Mailing Address 5000 SAWGRASS VILLAGE CIRCLE SUITE 1 PONTE VEDRA BEACH, FL 32082
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DO NOT WRITE IN THIS SPACE



02012006No Chg-LLC CR2E083 (11/05)

4. FEI Number 59-3614698	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WOLFE, RANDOLPH J
 100 NORTH TAMPA
 TAMPA, FL 33601

DO NOT WRITE IN THIS SPACE

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

Filing Fee is \$50.00 Due by May 1, 2006

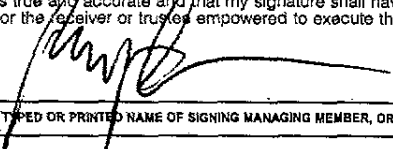
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 04/28/06-80058-016 50.00^M

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LESTER, DAVID L 148 BRISTOL EAST ROAD BRISTOL, VA 24202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEBER, BRYAN L 5000 SAWGRASS VILLAGE CIR., STE ONE PONTE VEDRA BEACH, FL 32082
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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: 

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