

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000009222

FILED
Jan 22, 2007
Secretary of State

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

Current Principal Place of Business:

5000 SAWGRASS VILLAGE CIRCLE
SUITE 1
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

200 SOLANO ROAD
SUITE C
PONTE VEDRA BEACH, FL 32082

Current Mailing Address:

5000 SAWGRASS VILLAGE CIRCLE
SUITE 1
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

P.O. BOX 469
PONTE VEDRA BEACH, FL 32004

FEI Number: 59-3614698

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOLFE, RANDOLPH J
100 NORTH TAMPA
TAMPA, FL 33601 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LESTER, DAVID L
Address: 148 BRISTOL EAST ROAD
City-St-Zip: BRISTOL, VA 24202

Title: MGR () Delete
Name: WEBER, BRYAN L
Address: 5000 SAWGRASS VILLAGE CIR., STE ONE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: WEBER, BRYAN L
Address: 200 SOLANO ROAD SUITE C
City-St-Zip: PONTE VEDRA BEACH, FL 32082

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

MGR

01/22/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date