



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90450 013 ****55.00

DOCUMENT # L03000021522 1. Entity Name FLAGSHIP PARTNERS, LLC						
Principal Place of Business 19640 WEST SAINT ANDREWS DRIVE MIAMI, FL 33015			Mailing Address 19640 WEST SAINT ANDREWS DRIVE MIAMI, FL 33015			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number 90-0089873 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>		
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
KING, EDWARD 19640 WEST SAINT ANDREWS DRIVE MIAMI, FL 33015				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. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES		
TITLE	NAME <input type="checkbox"/> Delete			TITLE	NAME <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS				STREET ADDRESS	Edward King	
CITY-ST-ZIP				CITY-ST-ZIP	19640 West Saint Andrews Drive Miami, FL 33015	
TITLE	NAME <input type="checkbox"/> Delete			TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE	NAME <input type="checkbox"/> Delete			TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE	NAME <input type="checkbox"/> Delete			TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE	NAME <input type="checkbox"/> Delete			TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				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. 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: Edward King 				4/19/2004 (954) 232-3056		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #		