


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000021522</b> 1. Entity Name FLAGSHIP PARTNERS, LLC	
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Principal Place of Business 19640 WEST SAINT ANDREWS DRIVE MIAMI, FL 33015	Mailing Address 19640 WEST SAINT ANDREWS DRIVE MIAMI, FL 33015
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**DO NOT WRITE IN THIS SPACE**



02242005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 90-0089873	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  KING, EDWARD 19640 WEST SAINT ANDREWS DRIVE MIAMI, FL 33015
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**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE


**Filing Fee is \$50.00  
Due by May 1, 2005**

U00000249328  
03/02/05-80066-010 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KING, EDWARD 19640 WEST SAINT ANDREWS DR HIALEAH, FL 33015
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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 2/26/2005 (954) 232-3056  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #