

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000000501

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



Principal Place of Business
**5000 SAWGRASS VILLAGE CIR., SUITE ONE
PONTE VEDRA BEACH, FL 32082**

Mailing Address
**5000 SAWGRASS VILLAGE CIR., SUITE ONE
PONTE VEDRA BEACH, FL 32082**



03232005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3617769

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WOLFE, RANDOLPH J
100 NORTH TAMPA, STE. 2700
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 _____

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**

U000000322115
04/21/05-80105-016 50.00

9. MANAGING MEMBERS/MANAGERS

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

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Bryan Weber

3/28/05

Date

904-285-0228

Daytime Phone #