


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

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

DOCUMENT # L00000000501 1. Entity Name FLAGSHIP REALTY, L.L.C.	
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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
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DO NOT WRITE IN THIS SPACE

02012008 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3617769	Applied For <input type="checkbox"/> 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, 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, 2006**

000000509795^M
04/28/06-80058-017 50.00^M

9. MANAGING MEMBERS/MANAGERS

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

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 #