

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000006433

Entity Name: FLATWOOD, LLC

FILED
Jun 11, 2006
Secretary of State

Current Principal Place of Business:

1619 NEW LEGEND COURT
TALLAHASSEE, FL 32312

New Principal Place of Business:

Current Mailing Address:

1619 NEW LEGEND COURT
TALLAHASSEE, FL 32312

New Mailing Address:

FEI Number: 59-3649799 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

NAFF, ROSE M
1619 NEW LEGEND COURT
TALLAHASSEE, FL 32312 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: MGRM () Delete
Name: EASTROPE, LLC,
Address: 1619 NEW LEGEND COURT
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGRM () Delete
Name: FABJ, INC.,
Address: ROUTE 2, BOX 33
City-St-Zip: MONTICELLO, FL 32344

Title: MGR () Delete
Name: NAFF, ROSE M
Address: 1619 NEW LEGEND COURT
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES:

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

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

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

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: ROSE M. NAFF

MGR

06/11/2006

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