

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 11, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000002120

1. Entity Name
EIGHT FLAGS, L.L.C.



Principal Place of Business
6260 DUPOUT STATION CRT.
SUITE 1
JACKSONVILLE, FL 32217

Mailing Address
6260 DUPOUT STATION CRT.
SUITE 1
JACKSONVILLE, FL 32217



01102005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3700583

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PRICE, CHARLES B
6260 DUPONT STATION CT.
SUITE 1
JACKSONVILLE, FL 32217

**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 rehashing)

DATE

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

9. MANAGING MEMBERS/MANAGERS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM PRICE, CHARLES 6299-5 POWERS AVE. JACKSONVILLE, FL 32217 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM PRICE, SAMUEL 6299-5 POWERS AVE. JACKSONVILLE, FL 32217 |
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01/11/05-80031-025 50.00

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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

Samuel Price Member

1/10/05