### 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT # L01000002120

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



FILED Jan 20, 2006 08:00 AM Secretary of State

Principal Place of Business

JACKSONVILLE, FL 32217

6260 DUPOUT STATION CRT. SUITE 1

\_ Mailing Address

6260 DUPOUT STATION CRT. SUITE 1

JACKSONVILLE, FL 32217



## DO NOT WRITE IN THIS SPACE

01182006 No Chg-LLC

CR2E083 (11/05)

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

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8.	<ul> <li>The above named entity submits this statement for the purpose of change</li> </ul>	ing its registere	d office or registered age	ent, or both, in the State of Florid	a. I am familiar with, and accept
	the obligations of registered agent.				

SIGNATURE

Signature, typed or printed name of registered agent and title it applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

#### Filing Fee is \$50.00 Due by May 1, 2006

	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	
	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
	TITLE NAME STREET ADDRESS		

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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 reserver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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904 367-17002

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