LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

(1)

FILED
02 SEP 11 PM 2:04
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L01000007559

1. Entity Name

FLAGSTONE PROPERTIES, LLC

DO NOT WRITE IN THIS SPACE

MJH

2. Principal Place of Business	3. Mailing Address
c/o Mehmet Bayraktar 506 Celebration Ave.	c/o Mehmet Bayraktar
Suite, Apt. #, etc.	Suite, Apt. #, etc. 506 Celebration Ave.
City & State: Celebration, FL	City & State: Celebration, FL
Zip: 34747 Country: USA	Zip: 34747 Country: USA

9/11

DO NOT WRITE IN THIS SPACE CVS

4. FEI Number: NONE ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Corporation Company of Miami

Street Address (P.O. Box Number is Not Acceptable): 201 S. Biscayne Blvd., St. 1600

City: Miami FL Zip Code: 33131

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

100007665831--8

9. MANAGING MEMBERS/MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sole Member MGRM Mehmet Bayraktar 506 Celebration Ave. Celebration, FL 34747	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E083B (12/01)

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: M. Bayakto 9/10/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

(2)

ACCOUNT NO. : 072100000032

REFERENCE : 739712 4304009

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 55.00

ORDER DATE : September 11, 2002

ORDER TIME : 11:25 AM

ORDER NO. : 739712-005

CUSTOMER NO: 4304009

CUSTOMER: Ms. Gail Dumornay
Shutts & Bowen Llp
1500 Miami Center
201 S. Biscayne Boulevard
Miami, FL 33131

RECEIVED
02 SEP 11 AM 11:48
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: FLAGSTONE PROPERTIES, LLC

XX ___ ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
XX _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward-EXT#1135

EXAMINER'S INITIALS: _____