


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 29, 2004 8:00 am**  
**Secretary of State**


06-29-2004 90063 001 \*\*\*\*50.00  
06-29-2004 90063 002 \*\*\*\*\*5.00

<b>DOCUMENT # L03000029249</b>	
1. Entity Name <b>FLAGLER TAX ADVISORY GROUP, LLC</b>	

Principal Place of Business <b>12 OFFICE PARK DRIVE PALM COAST, FL 32137</b>	Mailing Address <b>12 OFFICE PARK DRIVE PALM COAST, FL 32137</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

**34008976**



05062004 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>16-1679716</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent	
TESTONI, MICHAEL J ONE DONDANVILLE ROAD CQ116 ST. AUGUSTINE, FL 32080	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL Zip Code	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 8, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TESTONI, MICHAEL ONE DONDANVILLEROAD - CQ116 ST. AUGUSTINE, FL 32080 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WOLF, LYNN 918 N. 21ST JACKSONVILLE, FL 32121 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MERRILL, ARLEIGH C 3805 UNIVERSITY BLVD.W. JACKSONVILLE, FL 32137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLAGLER FINANCIAL, INC. 12 OFFICE PARK DRIVE PALM COAST, FL 32137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Michael Testoni* <sup>MGRM</sup> *6/25/04* **386 447 7585**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

*MICHAEL TESTONI, MGRM  
(EXISTING REGISTERED AGENT)*