


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 13, 2006 8:00 am**  
**Secretary of State**

01-13-2006 90041 001 \*\*\*100.00

<b>DOCUMENT # L03000039379</b>	
1. Entity Name FLIPCO INVESTMENTS, LLC	

Principal Place of Business 4350 WILL ROGERS PARKWAY SUITE 350 OKLAHOMA CITY, OK 73162 US	Mailing Address 4350 WILL ROGERS PARKWAY SUITE 350 OKLAHOMA CITY, OK 73162 US
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30000029



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01092006 Chg-LLC CR2E083 (11/05)

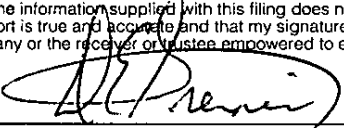
6. Name and Address of Current Registered Agent	
BAKER, JIM 1010 GRINNELL STREET #4 KEY WEST, FL 33040	

7. Name and Address of New Registered Agent	
Name	James Baker
Street Address (P.O. Box Number is Not Acceptable)	51 Sawyer Drive
City	Cudjoe Key FL
Zip Code	33042

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	1-9-06

Filing Fee is \$50.00 Due by May 1, 2006	# 5137 Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAFE HARBOR HOLDINGS, LLC 4350 WILL ROGERS PARKWAY, SUITE 350 OKLAHOMA CITY, OK 73108 <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
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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 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	
SIGNATURE: 	1-9-06 405-640-0333