

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Apr 26, 2006
Secretary of State**

DOCUMENT# L04000009547

Entity Name: LESLIE L. FLAGE, LLC

Current Principal Place of Business:

9200 NW 36TH PLACE
SUITE A
GAINESVILLE, FL 32606

New Principal Place of Business:

Current Mailing Address:

P O BOX 907
ALACHUA, FL 32616

New Mailing Address:

FEI Number: 51-0497225

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEEGAN, TIMOTHY P
9200 NW 36TH PLACE
SUITE A
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FLAGE, LESLIE L
Address: P O BOX 907
City-St-Zip: ALACHUA, FL 32616

Title: MGRM () Delete
Name: FLAGE, LESLIE L
Address: P O BOX 907
City-St-Zip: ALACHUA, FL 32616

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LESLIE L. FLAGE

MGR

04/26/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date