


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # L04000022460</b>                           |  |
| 1. Entity Name<br><b>FLAGLER AIRPORT INDUSTRIAL, LLC</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>5 MONTILLA PLACE<br/>PALM COAST, FL 32137</b> | Mailing Address<br><b>5 MONTILLA PLACE<br/>PALM COAST, FL 32137</b> |
|---|---|



04012006 No Chg-LLC

CR2E083 (11/05)

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|                                    |  |
|------------------------------------|--|
| 4. FCI Number<br><b>20-1295974</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required |
|---|---------------------------------------|

**6. Name and Address of Current Registered Agent**

|   |
|---|
| <b>GARDNER, JAMES E<br/>5 MONTILLA PLACE<br/>PALM COAST, FL 32137</b> |
|---|

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IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

**9. MANAGING MEMBERS/MANAGERS**

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MR.<br/>GARDNER, JAMES E<br/>5 MONTILLA PLACE<br/>PALM COAST, FL 32137</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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04/18/06-80052-001 50.00

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IN THIS SPACE**

1. 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:**  **JAMES E. GARDNER** 4/01/06 386503 0601  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #