

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000042891**

1. Entity Name  
**FLAG LEASING II, LLC**



Principal Place of Business  
**3000 LANGLEY AVE, STE 402  
PENSACOLA, FL 32504**

Mailing Address  
**3000 LANGLEY AVE, STE 402  
PENSACOLA, FL 32504**



02012008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-1213026</b>	Applied For <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**

**MATTHEWS, EDESEL F JR.  
308 SOUTH JEFFERSON STREET  
PENSACOLA, FL 32502**

**DO NOT WRITE  
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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CORLEY, DIANE 3000 LANGLEY AVE STE 402 PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LOWERY, RODGER 3000 LANGLEY AVE STE 402 PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FRUITTICHER, TOM 3000 LANGLEY AVE STE 402 PENSACOLA, FL 32504
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000000921350  
05/15/08-80003-007 138.75

**DO NOT WRITE  
IN THIS SPACE**

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: *Diane Corley* - DIANE CORLEY**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**4/22/08**  
Date

**850-477-0419**  
Daytime Phone #