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May 01,  
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**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

<b>DOCUMENT # L04000059837</b>		
1. Entity Name <b>FLAGSHIP CAPITAL OF CENTRAL FLORIDA, LLC</b>		
Principal Place of Business <b>916 HIGHLAND AVE. ORLANDO, FL 32803</b>		Mailing Address <b>916 HIGHLAND AVE. ORLANDO, FL 32803</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		 04122006No Chg-LLC CR2E083 (11/05)
4. FEI Number <b>20-1477805</b>		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required
8. Name and Address of Current Registered Agent  <b>CLEMENTS, ROBERT L 916 HIGHLAND AVE. ORLANDO, FL 32803</b>		
<b>DO NOT WRITE IN THIS SPACE</b>		
9. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR CLEMENTS, ROBERT L 916 HIGHLAND AVE. ORLANDO, FL 32803</b>	
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<b>DO NOT WRITE IN THIS SPACE</b>		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, 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: <u>Robert L Clements</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		
<small>Date Daytime Phone #</small>		