

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000090299

FILED
Jul 03, 2006
Secretary of State

Entity Name: FLAGSHIP INTERNATIONAL, LLC

Current Principal Place of Business:

18487 SE FEDERAL HIGHWAY
TEQUESTA, FL 33469

New Principal Place of Business:

Current Mailing Address:

18487 SE FEDERAL HIGHWAY
TEQUESTA, FL 33469

New Mailing Address:

FEI Number: 20-2007307 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

KRIZKA, JOHN
18487 SE FEDERAL HIGHWAY
TEQUESTA, FL 33469 US

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: MGRM () Delete
Name: KRIZKA, JOHN
Address: 18487 SE FEDERAL HIGHWAY
City-St-Zip: TEQUESTA, FL 33469

Title: MGRM () Delete
Name: MCALLISTER, WILLIAM
Address: 2984 APPALOSSA TRAIL
City-St-Zip: WELLINGTON, FL 33417

Title: MGRM () Delete
Name: TASSELL, DAVID C
Address: 5865 RIVER ISLE DR
City-St-Zip: JUPITER, FL 33458

ADDITIONS/CHANGES:

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

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: JOHN KRIZKA

MGRM

07/03/2006

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