

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000090299

FILED  
Feb 28, 2007  
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 ( )

**Name and Address of Current Registered Agent:**

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

02/28/2007

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