

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000093325



1. Entity Name
 FLP LLC

Principal Place of Business
 1441 VENDOME COURT
 CAPE CORAL, FL 33904

Mailing Address
 1441 VENDOME COURT
 CAPE CORAL, FL 33904



02212006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1240330	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

UNGER, ERIC
 1441 VENDOME COURT
 CAPE CORAL, FL 33904

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	UNGER, ERIC
STREET ADDRESS	1441 VENDOME COURT
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	MGR
NAME	DAMSTRON, ERIC
STREET ADDRESS	5123 ORIOLE DRIVE
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	MGR
NAME	UNGER, SUZANNE
STREET ADDRESS	1441 VENDOME COURT
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	MGR
NAME	HARRINGTON, ROSEANNE
STREET ADDRESS	5123 ORIOLE DRIVE
CITY-ST-ZIP	WILMINGTON, NC 28403
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 05/02/06-80069-012 50.00

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14. 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: *Eric Unger*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____