2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 14, 2008 8:00 am Secretary of State

DOCUMENT # L05000037493 1. Entity Name						<u> </u>	04-14-2008	90225 016 ***1	38.75
K & B FLAGSHIP, LLC)			
Principal Place of Business 5728 MAJOR BLVD., SUITE 601 ORLANDO, FL 32819			Mailing Address 5728 MAJOR BLVD., SU ORLANDO, FL 32819	JITE 601				ប្រធាធិប្បក	4 I
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Principal Place of Business - No P.O. Box # 7932 W. Sand take Rd.			3. Mailing Address 7932 W. Sand lake Rd.						
Suite, Apt. #, etc. Suite 300			Suite, Apt. #, etc. Suite 300			03112008	Chg-LLC	CR2E083 (12/06	5)
^{Ci} ්ර් haindo, FL			Orlando, FL			4. FEI Num 56-25	ber 11707		Applied For Not Applicable
^{Zi} 32819	Zig2819 Country		32819 Coun		try		e of Status Desired	S5.00 A	dditional
	6. Name	and Address of Current F	Registered Agent			7. Name and Address of New Registered Agent			
					Name				
HODGE, RANDALL R 5728 MAJOR BLVD., SUITE 601 ORLANDO, FL 32819					Street Address	Street Address (P.O. Box Number is Not Acceptable)			
					7932	W. Sand La	ke Rd. Ste 300		
				City Orlando, FL 32			9	ip Co	ode
8. The above the obligat	named entity tions of registe	submits this statement for ered agent.	the purpose of changing its	registere	ed office or regist	ered agent, or b	oth, in the State of Flo	rida. I am familiar wit	h, and accept
SIGNATURE	Signature typed	or printed name of registered agent at	and tate if applicable (NOT)	- Registerer	d Agent signature requir	ed when remetation)		DATE	
	algrania (, , , poo .	o prince and a registered again a	to the mapping to the state of	_ negione	a rigent signature requir	ed when remaining)			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75							Make check payable to Florida Department of State		
9.		MANAGING MEMBER	L RS/MANAGERS	10.			ADDITIONS/	CHANGES . ,	
TITLE	MGR			_					
NAME STREET ADDRESS	• •		☐ Delete	TITLE				Change	☐ Addition
CITY-ST-ZIP ORLANDO, FL 32819			☐ Delete	NAME		32 W Sand			Addition
CITY-ST-ZIP		OR BLVD., SUITE 601	☐ Delete	NAME STREE	E ET ADDRESS 79	32 W. Sand lando, FL 3	I Lake Rd. Ste 3		☐ Addition
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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.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP