

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000038682

FILED  
Jan 04, 2007  
Secretary of State

Entity Name: FLIPPER ENTERPRISES, LLC

## Current Principal Place of Business:

800 PALM TRAIL  
SUITE #2  
DELRAY BEACH, FL 33483 US

## New Principal Place of Business:

## Current Mailing Address:

800 PALM TRAIL  
SUITE #2  
DELRAY BEACH, FL 33483 US

## New Mailing Address:

FEI Number: 26-0118569

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

A1A REGISTERED AGENT INC.  
92 SADBERRY  
QUINCY, FL 32351 US

## Name and Address of New Registered Agent:

SMITH, THOMAS  
184 FLORENCE DRIVE  
JUPITER, FL 33458 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: THOMAS SMITH

01/04/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: STALEY, JEFF W  
Address: 255 N.E. 12TH STREET  
City-St-Zip: DELRAY BEACH, FL 33444 US

Title: MGRM ( ) Delete  
Name: LEE, DENNIS D  
Address: 777 EAST ATLANTIC AVE - SUITE C2-357  
City-St-Zip: DELRAY BEACH, FL 33483 US

Title: MGRM ( ) Delete  
Name: SMITH, THOMAS  
Address: 184 FLORENCE DRIVE  
City-St-Zip: JUPITER, FL 33458 US

Title: MGRM ( ) Delete  
Name: MONCUR, JANUS  
Address: 777 EAST ATLANTIC AVE - SUITE C2  
City-St-Zip: DELRAY BEACH, FL 33483 US

Title: MGRM ( ) Delete  
Name: MARKEE, APRIL N  
Address: 318 S.E. 7TH STREET #3  
City-St-Zip: DELRAY BEACH, FL 33483 US

## 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:

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: THOMAS SMITH

MGRM

01/04/2007

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