

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000051545

FILED  
Apr 28, 2006  
Secretary of State

Entity Name: FLAGLER FAMILY GROUP, LLC

**Current Principal Place of Business:**

130 HEALTH PARK BOULEVARD  
ST. AUGUSTINE, FL 32086

**New Principal Place of Business:**

**Current Mailing Address:**

130 HEALTH PARK BOULEVARD  
ST. AUGUSTINE, FL 32086

**New Mailing Address:**

FEI Number: 20-2933309

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BATENHORST, TODD  
118 FINNIGAN ROAD  
SATSUMA, FL 32189 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: MGR ( ) Delete  
Name: WHITLOCK, WARREN O JR.  
Address: 513 12TH STREET  
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: MGR ( ) Delete  
Name: GUNN, ANDREW  
Address: 3471 RED CLOUD TRAIL  
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: MGR ( ) Delete  
Name: BATENHORST, TODD  
Address: 118 FINNIGAN ROAD  
City-St-Zip: SATSUMA, FL 32189

Title: MGR ( ) Delete  
Name: ZUB, CHRIST  
Address: 110 OCEAN HOLLOW LANE #209  
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: MGR ( ) Delete  
Name: YOUNGSTROM, CATHY  
Address: 5105 STEPHEN COLEE ROAD  
City-St-Zip: ST. AUGUSTINE, FL 32092

**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: WARREN O WHITLOCK JR

MGR

04/28/2006

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