2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2008
Secretary of State

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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
130 HEALTH PARK BLVD.
ST. AUGUSTINE, FL 32086 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:	130 HEALTH PARK BLVD	
City-St-Zip:	ST. AUGUSTINE, FL 32086	
Title:	MGR	( ) Delete
Name:	ZUB, CHRIST	
Address:	130 HEALTH PARK BLVD.	
City-St-Zip:	ST. AUGUSTINE, FL 32086	
Title:	MGR	(X) 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 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: TODD BATENHORST MGR 04/22/2008

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