

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000051545

FILED
Apr 08, 2009
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
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, CHRIS
Address: 130 HEALTH PARK BLVD.
City-St-Zip: ST. AUGUSTINE, FL 32086

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: MGR (X) Change () Addition
Name: ZUB, CHRIS
Address: 130 HEALTH PARK BLVD.
City-St-Zip: ST. AUGUSTINE, FL 32086

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

04/08/2009

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