## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L05000122453

1. Entity Name
FLAIR TWO 11 C



## FILED Apr 16, 2007 8:00 am Secretary of State

04-16-2007 90347 040 \*\*\*\*50.00

	vo, elc									
Principal Place of Business 5802-A EAST FOWLER AVE., SUITE 121 TEMPLE TERRACE, FL 33617		Mailing Address 5802-A EAST FOWLER AVE., SUITE 121 TEMPLE TERRACE, FL 33617			<b>           </b>	600369		1 <b>11 17 1 10 13</b> 111		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03052007	Chg-LLC	CR2E08	3 (12/06)		
City & State		City & State			4. FEI Numbe 72-168				plied For Applicable	
Zip	Country	Zip —	Country		5. Certificate	of Status Desired		5.00 Add	itional	
	6. Name and Address of Current R	legistered Agent			7. Name and	Address of New R	egistered A	gent		
LANIGAN, DAVID C JD, LLM			Name	Name						
C/O DAVID LANIGAN, P.A. 10927 NORTH 56TH STREET			Street A	ddress (P	.O. Box Numb	er is Not Acceptable	e)			
TAMPA, FI	L 33617-3000		City				FL	Zip Code		
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egistered office or	registere	ed agent, or bo	th, in the State of Flo		 amiliar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: F	Registered Agent signati	ure required v	when reins(ating)		DATE			
		<del>-</del>		_						
Filing Fee is \$50.00 Due by May 1, 2007							e check pa Departme		•	
9.	MANAGING MEMBER	RS/MANAGERS	10.		·	ADDITIONS	CHANGES			
				14		•		Channe		
TITLE	MGRM	☐ Delete	TITLE	M. C.		N =			Addition	
name	MGRM WILLIAMS, WALLACE F	☐ Delete	TITLE NAME	Wal	ter Wil	litus		□ cusuĝe	Addition	
NAME STREET ADDRESS	WILLIAMS, WALLACE F 11404 TULLAMORE PLACE	☐ Delete	TITLE NAME STREET ADDRESS	Wal	ter Wil	liens T	<b>.</b>		Addition	
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11. I hereby certify that the information supplied with this filling 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.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE