
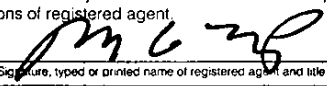


2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L06000008154					
1. Entity Name COUNTRYSIDE FLAGLER, LLC					
Principal Place of Business SUITE 1B, AQUA COMPLEX 29 OLD KINGS ROAD NORTH PALM COAST, FL 32137			Mailing Address SUITE 1B, AQUA COMPLEX 29 OLD KINGS ROAD NORTH PALM COAST, FL 32137		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GUNTARP, PAUL M JR. 185 CYPRESS POINT PKWY., STE. 6 PALM COAST, FL 32164				Name Paul M. Guntharp, Jr. Street Address (P.O. Box Number is Not Acceptable) 4 Old Kings Rd., N. Suite B City Palm Coast FL Zip Code 32137	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 		Paul M. Guntharp, Jr. (NOTE: Registered Agent signature required when reissuing)		4/20/07 DATE	
Amended AR is \$50.00		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHATZ, EDWARD E JR. 5 CORTE VISTA PALM COAST, FL 32137	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition 200101704862 05/07/07--01022--017 **50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCNAB, JAMES JR. 5185 S. TROPICAL TRAIL MERRITT ISLAND, FL 32957	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing 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: 		Edward E. Schatz, Jr. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		4/20/07 Date	
				Daytime Phone #	

FILED

2007 APR 25 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04132007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-4176970

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

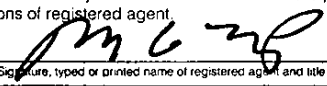
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GUNTARP, PAUL M JR.
185 CYPRESS POINT PKWY., STE. 6
PALM COAST, FL 32164

Name
Paul M. Guntharp, Jr.
Street Address (P.O. Box Number is Not Acceptable)
4 Old Kings Rd., N.
Suite B
City **Palm Coast** **FL** Zip Code **32137**

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Paul M. Guntharp, Jr.
(NOTE: Registered Agent signature required when reissuing)

4/20/07
DATE

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Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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MGRM
SCHATZ, EDWARD E JR.
5 CORTE VISTA
PALM COAST, FL 32137

☐ Delete

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STREET ADDRESS
CITY-ST-ZIP
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05/07/07--01022--017 **50.00

☐ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP
MGRM
MCNAB, JAMES JR.
5185 S. TROPICAL TRAIL
MERRITT ISLAND, FL 32957

☐ Delete

TITLE
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☐ Change ☐ Addition

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

Edward E. Schatz, Jr.

Date

Daytime Phone #