

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90028 023 ***138.75

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04232008 Chg-LLC CR2E083 (12/06)

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 # 5185 S. Tropical Trail		3. Mailing Address P.O. Box 459			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Merritt Island FL		City & State Palatka FL		4. FEI Number 20-4176970	
Zip 32952		Country USA		Zip 32178	
Country 		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GUNTARP, PAUL M JR. 4 OLD KINGS RD N SUITE B PALM COAST, FL 32137			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCNAB, JAMES JR. 5185 S. TROPICAL TRAIL MERRITT ISLAND, FL 32957	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <u>James M. McNab Jr</u> James M. McNab Jr 4/23/08 386-328-1553					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					