

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000008154

**FILED**  
**Mar 16, 2011**  
**Secretary of State**

**Entity Name:** COUNTRYSIDE FLAGLER, LLC

**Current Principal Place of Business:**

5185 S TROPICAL TRAIL  
MERRITT ISLAND, FL 32952

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 459  
PALATKA, FL 32178

**New Mailing Address:**

**FEI Number:** 20-4176970

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GUNTARP, PAUL M JR.  
145 CITY PLACE  
SUITE 301  
PALM COAST, FL 32164 US

**Name and Address of New Registered Agent:**

MCNAB, JAMES JR  
5185 S. TROPICAL TRAIL  
MERRITT ISLAND, FL 32962 US

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: JAMES MCNAB, JR.

03/16/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SCHATZ, EDWARD E JR.  
Address: 5185 S. TROPICAL TRAIL  
City-St-Zip: MERRITT ISLAND, FL 32962

Title: MGRM  
Name: MCNAB, JAMES JR.  
Address: 5185 S. TROPICAL TRAIL  
City-St-Zip: MERRITT ISLAND, FL 32962

I hereby 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: EDWARD E. SCHATZ, JR.

MGR

03/16/2011

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