


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2008 8:00 am
Secretary of State

01-10-2008 90020 047 ***138.75

DOCUMENT # L06000117134		
1. Entity Name FLEGEL FAMILY ENTERPRISES, LLC		

Principal Place of Business % HOLLAND & KNIGHT LLP 100 N. TAMPA STREET, STE. 4100 TAMPA, FL 33602	Mailing Address % HOLLAND & KNIGHT LLP 100 N. TAMPA STREET, STE. 4100 TAMPA, FL 33602
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60000728



2. Principal Place of Business - No P.O. Box # 1415 Panther Lane		3. Mailing Address 1415 Panther Lane	
Suite, Apt. #, etc. Suite 159		Suite, Apt. #, etc. Suite 159	
City & State Naples, FL		City & State Naples, FL	
Zip 34109	Country USA	Zip 34109	Country USA

01082008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-8498518	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVENUE, STE. 2800 MIAMI, FL 33131	
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7. Name and Address of New Registered Agent Name Intrastate Registered Agent Corporation Street Address (P.O. Box Number is Not Acceptable) c/o Corporate Creations Network Inc. 11380 Prosperity Farms Rd # 221E City Palm Beach Gardens FL Zip Code 33410	
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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 <u>S. Leslie Flegel</u> S. Leslie Flegel 1.8.2008 Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
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FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FLEGEL, S. LESLIE 4951 GULF SHORE BLVD NORTH, PH 201 NAPLES, FL 34108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Flegel S. Leslie <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1415 Panther LN Suite 159 NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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>S. Leslie Flegel</u> S. Leslie Flegel 1.8.2008 (239) 591.6224 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #	
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