

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000014979

FILED
Apr 29, 2008
Secretary of State

Entity Name: FLAGSHIP DEVELOPMENT III LLC

Current Principal Place of Business:

211 CRYSTAL GROVES BOULEVARD
103
LUTZ, FL, 33548

Current Mailing Address:

211 CRYSTAL GROVES BOULEVARD
103
LUTZ, FL 33548

New Principal Place of Business:

2406 CYPRESS GLEN DRIVE
SUITE 102
WESLEY CHAPEL, FL 33543

New Mailing Address:

2406 CYPRESS GLEN DRIVE
SUITE 102
WESLEY CHAPEL, FL 33543

FEI Number: 20-8352887

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALBRECHT, SHARON A
4111 LAND O'LAKES BOULEVARD
302-E
LAND O'LAKES, FL 33549 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BOLIN, TED
Address: 916 HIGHLAND AVENUE
City-St-Zip: ORLANDO, FL 32803

Title: MGR () Delete
Name: ROBERTS, RONALD
Address: 211 CRYSTAL GROVES SUIT 103
City-St-Zip: LUTZ, FL 33548

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BOLIN, TED
Address: 5323 MILLENIA LAKES BLVD SUITE 121
City-St-Zip: ORLANDO, FL 32839

Title: MGR (X) Change () Addition
Name: ROBERTS, RONALD
Address: 2406 CYPRESS GLEN DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33548

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: RONALD ROBERTS

MGR

04/29/2008

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