## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

## Apr 16, 2008 8:00 am Secretary of State DOCUMENT # L07000026950 04-16-2008 90116 039 \*\*\*138.75 FLAGLER RESERVE, LLC Principal Place of Business Mailing Address 6355 METROWEST BLVD 6355 METROWEST BLVD ORLANDO FL 32835 ORLANDO FL 32835 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/07) City & State City & State 4. FEI Number Applied For 20-861267 Not Applicable Zip Country Ζiρ Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROSSMAN, NANCY A Street Address (P.O. Box Number is Not Acceptable) 6355 METROWEST BLVD 330 ORLANDO FL 32835 Zip Ccde 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: Signature, report or content hand of registered agent and the discontinuous (NOTE: Registered: Apent's grature required when remissating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. TITLE MGR TILLE ☐ Change ☐ Delete ☐ Addition WATERFORD INVESTMENT PROPERTIES, INC. STREET ADDRESS 6355 METROWEST BLVD, STE 330 STREET ADDRESS CITY - ST - ZIP ORLANDO FL 32835 CITY-ST-ZIP THILE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY - ST - ZIP □ Delete THE lifile ☐ Change Addition NAME DAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CHY-ST-7IP Addition ☐ Delete ☐ Change THEE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP 11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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. Writer Control of the contr

TED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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