


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 06, 2008 8:00 am**  
**Secretary of State**

02-06-2008 90123 015 \*\*\*138.75

<b>DOCUMENT # L07000124318</b> 1. Entity Name FLAGLER PIONEER GROUP, LLC	
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Principal Place of Business 5 MONTILLA PLACE PALM COAST, FL 32137	Mailing Address 5 MONTILLA PLACE PALM COAST, FL 32137
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2. Principal Place of Business - No P.O. Box # <b>35 Calle del Sur</b>	3. Mailing Address <b>35 Calle del Sur</b>
Suite, Apt. #, etc. <b>c/o Judy Gibbs</b>	Suite, Apt. #, etc. <b>c/o Judy Gibbs</b>
City & State <b>Palm Coast, FL</b>	City & State <b>Palm Coast, FL</b>
Zip <b>32137</b>	Country <b>USA</b>

01182008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**26-1597271**

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  RICE, GAYLE L 1301 RIVERPLACE BLVD., SUITE 1500 JACKSONVILLE, FL 32207	7. Name and Address of New Registered Agent Name <b>Chiumento &amp; Guntharp, PA</b> Street Address (P.O. Box Number is Not Acceptable)  <b>4 Old Kings Road North, Suite B</b> City <b>Palm Coast FL 32137</b>
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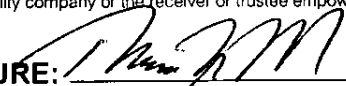
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Mgr Thomas L. Gibbs 33 Sugarmill Road Flagler Beach, FL 32136</b> <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:**  **2/4/08 386-445-8900**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

**Thomas L. Gibbs, Manager**