2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #	100000000333					*	•		
DOCUMENT # L99000009222 1. Entity Name ************************************							FILE	ា	
FLAGSHIP COMMUNITIES, L.L.C.					DIVISION OF CORPORATIONS				
									Principal Place of Bus
Principal Place of Business Address Mailing Address 430-B Royal Pines Pkwy. 430-B Royal			ines Pkwy	<i>t</i> .		אווור מס	13 P	M 3: 00	
St. Augustine, FL		St. Augustine, FL 32092							
2. Principal Place of			ĺ						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
0::00		City & Conta			4. FEI Number Applied For				
City & State		City & State		4. FEI Number Applied For S9-3614698 Not Applied be					
Zip	Country	Zip	Country	Country		5. Certificate of Status Desired		Additional	
		1 2,5	1		S. Certifica	Fee Required			
6	Name and Address of Curren	Address of Current Registered Agent			7. Name and Address of New Registered Agent				
					Name				
One Tampa									
201 North Franklin Street, Suite 2200				Street Address (P.O. Box Number is Not Acceptable)					
Tampa, FL 33602						· · · · · · · · · · · · · · · · · · ·			
,,									
4 2				City		FL Zip Code			
				L					
8. The above named	l entity submits this statemen	it for the purpose of chi	anging its regi	stered offic	e or registered a	gent, or both, in the State	e of Flori	da.	
1-41-11									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State									
9. TITLE	MANAGING MEMBERS/MEMBERS 10. Manager Delete TIT			TITLE		ADDITIONS/CHANGES Change Addition			
NAME	Manager David L. Lester	□ Detete	NAME				L	Change T Addition	
STREET ADDRESS	148 Bristol East Road	STREET ADDRESS		8000032987986 -06/21/0001047 <u>00</u> 5_					
CITY-ST-ZIP	Bristol, VA 24202	CITY-ST-ZIP			-96/21/0001047905				
TITLE	Manager	Delete	TITLE			*****5[┸╌┸┦		
NAME	Bryan L. Weber	_	NAME				_		
STREET ADDRESS	430-B Royal Pines Pkwy.		STREET ADDRESS		hall				
CITY-ST-ZIP	St. Augustine, FL 32092		CITY-ST-ZIP		MY				
TITLE	☐ Delete		TITLE				Ē	Change Addition	
NAME			NAME		~ 1				
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CITY-ST-ZIP	·		CITY-ST-ZII	P		1			
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TITLE	<u> </u>	Delete	TITLE					Change Addition	
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STREET ADDRESS			STREET AD	DRESS					
CITY-ST-ZIP			CITY-ST-ZIF						
	1					440.07(0):07.51.51.5		(1	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. further certify that the information indicated by this report is 170 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 receiper or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.									
SIGNATURE	11/1	Bryan	L, Weber		6-6-00	(904) 940-9060)		
	tion and tredd on pointer are	ME OF SIGNING MANAGIN	IC MEMBER OR	MANAGER	Date	Daytime Phone #			