

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90051 034 ****50.00

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DOCUMENT # L99000009222 1. Entity Name FLAGSHIP COMMUNITIES, L.L.C.					
Principal Place of Business 5000 SAWGRASS VILLAGE CIR., STE ONE SAINT AUGUSTINE, FL 32092			Mailing Address 5000 SAWGRASS VILLAGE CIR., STE ONE SAINT AUGUSTINE, FL 32092		
2. Principal Place of Business 5000 Sawgrass Village Cir, Suite, Apt. #, etc. Suite 1		3. Mailing Address 5000 Sawgrass Village Cir Suite, Apt. #, etc. Suite 1			
City & State Ponte Vedra Beach, FL		City & State Ponte Vedra Beach, FL			
Zip 32082		Country 		4. FEI Number 59-3614698	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent WOLFE, RANDOLPH J 100 NORTH TAMPA TAMPA, FL 33601			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee Is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LESTER, DAVID L 148 BRISTOL EAST ROAD BRISTOL, VA 24202		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WEBER, BRYAN L 5000 SAWGRASS VILLAGE CIR., STE ONE PONTE VEDRA BEACH, FL 32082		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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. 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: Bryan Weber 3/28/05 904-285-0228 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					