

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # L99000009222

1. Entity Name
FLAGSHIP COMMUNITIES, L.L.C.



Principal Place of Business
**5000 SAWGRASS VILLAGE CIRCLE
SUITE 1
PONTE VEDRA BEACH, FL 32082**

Mailing Address
**5000 SAWGRASS VILLAGE CIRCLE
SUITE 1
PONTE VEDRA BEACH, FL 32082**



02012006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3614698

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WOLFE, RANDOLPH J
100 NORTH TAMPA
TAMPA, FL 33601**

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**U00000509789^M
04/28/06-80058-016 50.00^M**

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|-------------------------------------|
| TITLE | MGR |
| NAME | LESTER, DAVID L |
| STREET ADDRESS | 148 BRISTOL EAST ROAD |
| CITY-ST-ZIP | BRISTOL, VA 24202 |
| TITLE | MGR |
| NAME | WEBER, BRYAN L |
| STREET ADDRESS | 5000 SAWGRASS VILLAGE CIR., STE ONE |
| CITY-ST-ZIP | PONTE VEDRA BEACH, FL 32082 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #