


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jun 07, 2004 08:00 AM**  
**Secretary of State**

|  |   |
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| <b>DOCUMENT # MQ20QQ000591</b><br>1. Entity Name<br>FLAGSTONE HOLDINGS, L.L.C. |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br>1683 S. WALKER ROAD<br>PLEASANT VIEW, TN 37146 | Mailing Address<br>1683 S. WALKER ROAD<br>PLEASANT VIEW, TN 37146 |
|---|---|



04062004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>61-1405024 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|   |                                   |
|---|-----------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional<br>Fee Required |
|---|-----------------------------------|

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|--|
| 6. Name and Address of Current Registered Agent<br><br>KORNMAN, GRANT M<br>3326 MARY STREET SUITE 302<br>COCONUT GROVE, FL 33133 |
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

U00000162181  
06/07/04-80002-007 50.00

| 9. MANAGING MEMBERS/MANAGERS                   |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>GMK II, L.P.<br>1683 S. WALKER RD.<br>PLEASANT VIEW, TN 37146                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>LEWIS, THOMAS E JR.<br>3326 MARY STREET, SUITE 302<br>COCONUT GROVE, FL 33133 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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IN THIS SPACE**

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:** *GMK II, LP as mgr  
by GMK II, LP as G.P.  
By David A. Walker as Sec Meas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/8/04 615.746-2411  
Date Daytime Phone