### 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT # L02000001710

1. Entity Name

FLAGLER FIRST DEVELOPERS, L.L.C.



FILED
Apr 14, 2005 08:00 AM
Secretary of State

Principal Place of Business

48 EAST FLAGLER STREET

48 EAST LEADTER SIKE

MIAMI, FL 33131

Mailing Address

**48 EAST FLAGLER STREET** 

PH-5

DO NOT WRITE IN THIS SPACE

MIAMI, FL 33131



04042005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 80-0030489 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MOSKOVITZ, DANIEL ESQ. 48 EAST FLAGLER STREET PH-4

MIAMI, FL 33131

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8. The above named entity submits this statement for the purpose	e of changing its registered office or registered agent, or b	oth, in the State of	Florida.	I am familiar with, and accept
the obligations of registered agent.	· · ·	=	Ē	*

SIGNATURE

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

INOTE Registered Agent signature required when reinstating)

DATE

#### Filing Fee is \$50.00 Due by May 1, 2005

		MANAONIC MEMORES MANAOTES
9.		MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROK, SERGIO 48 E. FLAGER ST #105 MIAMI, FL 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY+ST-ZIP	:	
TITLE NAME SIPEET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS		

U00000304710 04/14/05-80053-016 **50.00** 

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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 significant specific same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the repetiver or trustee empowered to explore this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

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

4/12/or 3UT. 37749