

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jan 06, 2006  
Secretary of State**

DOCUMENT# L03000020202

Entity Name: FLAGLER BEACH, LLC

**Current Principal Place of Business:**

1900 OKEECHOBEE BLVD  
SUITE C-8  
W. PALM BEACH, FL 33409

**New Principal Place of Business:**

**Current Mailing Address:**

1900 OKEECHOBEE BLVD  
SUITE C-8  
W. PALM BEACH, FL 33409

**New Mailing Address:**

FEI Number: 20-0319148      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GOLDSTEIN, GARY A  
1900 OKEECHOBEE BLVD  
SUITE C-8  
WEST PALM BEACH, FL 33409 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: THOMPSON, SCOTT  
Address: 1900 OKEECHOBEE BLVD SUITE C-8  
City-St-Zip: W. PALM BEACH, FL 33409

Title: MGRM ( ) Delete  
Name: GOLDSTEIN, GARY  
Address: 1900 OKEECHOBEE BLVD SUITE C-8  
City-St-Zip: W. PALM BEACH, FL 33409

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: THOMPSON, SCOTT  
Address: 1900 OKEECHOBEE BLVD SUITE C-8  
City-St-Zip: W. PALM BEACH, FL 33409

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GARY A GOLDSTEIN

MGRM

01/06/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date