

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
May 08, 2009  
Secretary of State**

DOCUMENT# L03000020202

Entity Name: FLAGLER BEACH, LLC

**Current Principal Place of Business:**

3518 BROADWAY AVENUE  
WEST PALM BEACH, FL 33407

**New Principal Place of Business:**

**Current Mailing Address:**

3518 BROADWAY AVENUE  
WEST PALM BEACH, FL 33407

**New Mailing Address:**

FEI Number: 20-0319148      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

GOLDSTEIN, GARY A  
3518 BRAODWAY AVENUE  
WEST PALM BEACH, FL 33407      US

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:**

**ADDITIONS/CHANGES:**

Title: MGRM      ( ) Delete  
Name: THOMSON, SCOTT  
Address: 3518 BROADWAY AVENUE  
City-St-Zip: WEST PALM BEACH, FL 33407

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

Title: MGRM      ( ) Delete  
Name: GOLDSTEIN, GARY  
Address: 3518 BROADWAY AVENUE  
City-St-Zip: WEST PALM BEACH, FL 33407

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

I hereby certify that the information supplied with this filing does not qualify 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 GOLDSTEIN

MGR

05/08/2009

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