

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 29, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # L04000087153

1. Entity Name  
 FLAGLER 412 INVESTMENTS, LLC



Principal Place of Business  
 505 S. FLAGLER DR., STE. 900  
 WEST PALM BEACH, FL 33401

Mailing Address  
 505 S. FLAGLER DR., STE. 900  
 WEST PALM BEACH, FL 33401

L00000063174  
 04/05/07-80034-008 50.00



02062007 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-1949394	Applied For Not Applicable
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5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CALER, WILLIAM K JR.  
 CALER, DONTEN, LEVINE, DRUKER ET AL.  
 505 SOUTH FLAGLER DRIVE, STE. 900  
 WEST PALM BEACH, FL 33401

**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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	CALER, WILLIAM K JR.
STREET ADDRESS	505 S. FLAGLER DR., STE. 900
CITY-ST-ZIP	WEST PALM BEACH, FL 33401

TITLE	
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**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: *William Caler*      x 2-13-07      x 561 8329292

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

Date

Daytime Phone #