2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 08, 2006 08:00 AM Secretary of State

DOCUMENT # L04000087155
1. Entity Name
FLAGLER 312 INVESTMENTS, LLC

Principal Place of Business Malling Address
505 S. FLAGLER DR., STE. 900 505 S. FLAGLER DR., STE. 900



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WEST PALM BEACH, FL 33401

4. FEI Number 20-1949360

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Applied For

Not Applicable

CALER, WILLIAM K JR 505 S. FLAGLER DR., STE. 900 WEST PALM BEACH, FL 33401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

WEST PALM BEACH, FL 33401

DO NOT WRITE IN THIS SPACE

		:	•	
8. The above the obligat	named entity submits this statement for the purpose of charilons of registered agent.	nging its registered office or registered agent, o	both, in the State of Florida. I am familiar with, and accept	
SIGNATURE.				
	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating	n DATE	
F D	lling Fee is \$50.00 ue by May 1, 2008			
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CHTY-ST-ZIP	MGR CALER, WILLIAM K JR 505 S. FLAGLER DR., STE. 900 WEST PALM BEACH, FL 33401			
TITLE NAME STREET ACCRESS CITY-ST-ZIP			U00000459353 03/18/06-80030-006 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		De	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		11		
TITLE NAME STREET ADDRESS				

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 it 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 508, Florida Statutes.

GNATURE: Y William Klaluf

2-13-06

(511)8329297

signature and typed or printed name of biomind managing member, or authorized representative

Dayters Phone #