

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 05, 2007 8:00 am**  
**Secretary of State**

04-05-2007 90028 047 \*\*\*\*50.00

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<b>DOCUMENT # L05000110301</b> 1. Entity Name <b>SAY FLAGLER INVESTMENTS, LLC</b>					
Principal Place of Business <b>14905 SW 34 STREET</b> <b>MIAMI, FL 33185</b>			Mailing Address <b>14905 SW 34 STREET</b> <b>MIAMI, FL 33185</b>		
2. Principal Place of Business - No P.O. Box # <b>5500 NW 74th Ave</b>		3. Mailing Address <b>5500 NW 74th Ave</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>MIAMI FL</b>		City & State <b>MIAMI FL</b>		4. FEI Number <b>20-3794266</b>	
Zip <b>33166</b>		Country <b>EEUU</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SAYEGH, RICARDO</b> <b>14905 SW 34 STREET</b> <b>MIAMI, FL 33185</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
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 <u><i>NELSON SAYEGH</i></u> <span style="float: right;">03/26/07</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAYEGH, RICARDO 1901 BRICKELL AVENUE - 2114-B MIAMI, FL 33129	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAYEGH, NELSON 1901 BRICKELL AVENUE - 2114-B MIAMI, FL 33129	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAYEGH, CLAUDIA 1901 BRICKELL AVENUE - 2114-B MIAMI, FL 33129	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAYEGH, IRENE V 1901 BRICKELL AVENUE - 2114-B MIAMI, FL 33129	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b> <u><i>NELSON SAYEGH</i></u> <span style="float: right;">03/26/07 305-4063960</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					