2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State
04-13-2006 90039 024 ****50.00

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1. Entity Name
11401 WEST FLAGLER, LLC.

Principal Place of Business	Mailing Address
965 SOUTH BAYSHORE BLVD SAFETY HARBOR, FL 34695	2110 DREW STREET CLEARWATER, FL 33765

DO NOT WRITE IN THIS SPACE

01122006No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-1052971
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

POLITIS, GREGORY
965 SOUTH BAYSHORE BLVD
SAFETY HARBOR, FL 34695

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	POLITIS, GREGORY
STREET ADDRESS	965 SOUTH BAYSHORE BLVD
CITY-ST-ZIP	SAFETY HARBOR,, FL 34695
TITLE	MGR
NAME	POLITIS, PETER
STREET ADDRESS	965 S BAYSHORE BLVD
CITY-ST-ZIP	SAFETY HARBOR, FL 34695
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ member 4/4/2006 727.726.4401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #