



**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # M99000000554 1. Entity Name FLAGLER STREET ASSOCIATES, LLC	
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Principal Place of Business 36 NORTHEAST 1ST STREET MIAMI, FL	Mailing Address 555 LONG WHARF DRIVE, SUITE 14 NEW HAVEN, CT 06511
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DO NOT WRITE IN THIS SPACE



04122007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 06-1029532	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

HELLER, JONATHAN A ESQ
888 BRICKELL AVENUE, 6TH FLOOR
MIAMI, FL 33131

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

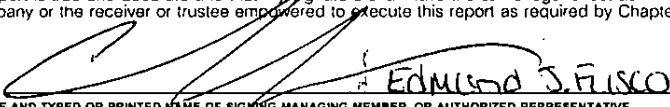
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FUSCO, EDMUND J 555 LONG WHARF DRIVE, #14 NEW HAVEN, CT 06511
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05/15/07-80106-023 50.00

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:  **EDMUND J. FUSCO** **4/24/07 (203) 777-7451**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #