

**2007 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2007**

**FILED**

2007 MAR -5 AM 9:25


SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01162007 No Chg-LP CR2E003 (12/06)

4. FEI Number 20-3182663	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DOCUMENT # A05000001414**  
1. Entity Name  
FLAGLER DRIVE OFFICE CENTER, LLLP



Principal Place of Business 525 SOUTH FLAGLER DRIVE <del>SUITE 200</del> 1016 Clearwater Place WEST PALM BEACH, FL 33401 US	Mailing Address 525 SOUTH FLAGLER DRIVE <del>SUITE 200</del> 1016 Clearwater Place WEST PALM BEACH, FL 33401 US
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

KOEPEL, JOEL P  
525 SOUTH FLAGLER DRIVE  
~~SUITE 200~~ 1016 Clearwater Place  
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 *Joel P. Koepel* JOEL P. KOEPEL 2/5/07  
DATE

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2007, Fee will be \$900.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT #	L05000029896
NAME	TRUMP OFFICE CENTER, LLC 1016 Clearwater Place
STREET ADDRESS	<del>525 SOUTH FLAGLER DRIVE, SUITE 200</del>
CITY - ST - ZIP	WEST PALM BEACH, FL 33401
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

900092353439  
03/13/07--01023--025 \*\*500.00

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Joel P. Koepel* JOEL P. KOEPEL 2/5/07 561 659-6455  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE