


**2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008**

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY 22 PM 3:48

DOCUMENT # A0500001414

1. Entity Name
FLAGLER DRIVE OFFICE CENTER, LLLP



Principal Place of Business Mailing Address
1016 CLEARWATER PLACE 1016 CLEARWATER PLACE
WEST PALM BEACH, FL 33401 US WEST PALM BEACH, FL 33401 US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
400 S. AUSTRALIAN AVE 400 S. AUSTRALIAN AVE
Suite, Apt. #, etc. Suite, Apt. #, etc.
300 # 300

03192008 Chg-LP CR2E003 (12/06)

City & State City & State
WEST PALM BEACH, FL WEST PALM BEACH, FL
Zip Country Zip Country
33401 USA 33401 USA

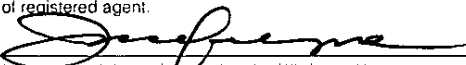
4. FEI Number Applied For
20-3182663 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
KOEPEL, JOEL P
1016 CLEARWATER PLACE
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent
Name JOEL P. KOEPEL
Street Address (P.O. Box Number is Not Acceptable)
400 S. AUSTRALIAN AVE
300
City WEST PALM BEACH FL Zip Code 33401

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: 3/18/08

**FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L05000029896	STREET ADDRESS	400 S. AUSTRALIAN AVE, # 300
NAME	TRUMP OFFICE CENTER, LLC	CITY-ST-ZIP	WEST PALM BEACH, FL 33401
STREET ADDRESS	10116 CLEARWATER PLACE	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	CITY-ST-ZIP	300129698193
DOCUMENT #			05/16/08--01045--002 **500.00
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DOCUMENT #		CITY-ST-ZIP	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS	

STAPLE CHECK HERE

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 3/18/08 (561)659-6455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #