

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A08000000299

Entity Name: FLAGLER AND EIGHTH LTD

**FILED**  
**Jan 16, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

901 NORTH FLAGLER DRIVE  
WEST PALM BEACH, FL 33401 US

**New Principal Place of Business:**

**Current Mailing Address:**

901 NORTH FLAGLER DRIVE  
WEST PALM BEACH, FL 33401 US

**New Mailing Address:**

FEI Number: 59-2489649

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROSECAN, LAUREN R  
901 NORTH FLAGLER DRIVE  
WEST PALM BEACH, FL 33401 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: ROSECAN, LAUREN R  
Address: 901 NORTH FLAGLER DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33401 US  
Document #: L05000043659

Name: 901 N. FLAGLER DRIVE LLC  
Address: 901 NORTH FLAGLER DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33401 US

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LAUREN R. ROSECAN MD

DR.

01/16/2009

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date