

2001 UNIFORM BUSINESS REPORT (UBR)

0011923 AF

DOCUMENT # L00000004927

1. Entity Name
FLAGLER 400, LLC

FILED

01 FEB 15 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
4800 BAYVIEW DRIVE
PENTHOUSE 1
FORT LAUDERDALE FL 33308

Mailing Address
4800 BAYVIEW DRIVE
PENTHOUSE 1
FORT LAUDERDALE FL 33308

2. Principal Place of Business
19 NW 5th Street

3. Mailing Address
PO Box 220368

Suite, Apt. #, etc.

City & State
Hollywood, FL

Zip
33022

Country
USA

4. FEI Number
65-1003069

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MOY, JANE
1151 SOUTH NORTHLAKE DR
HOLLYWOOD FL 33019

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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.

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

TITLE NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	MGRM P. DOUGLAS McCRAE
CITY-ST-ZIP	4800 BAYVIEW DRIVE PH 1 FT. LAUDERDALE, FL 33308
TITLE NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	MGRM JANE MOY
CITY-ST-ZIP	1151 S. NORTHLAKE DRIVE HOLLYWOOD, FL 33019
TITLE NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	MGRM LUTZ HOFBAUER
CITY-ST-ZIP	2208 N 42ND AVE HOLLYWOOD, FL 33021
TITLE NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	300003707806
CITY-ST-ZIP	-02/16/01--01117--010 *****50.00 *****50.00
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	W
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Jane Moy**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date: **1/25/01** Daytime Phone #: **954 760 5900**

CR2E083 (11/00)