


**- LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

APPROVED
AND
FILED

03 APR -8 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 0000000 6371	
1. Entity Name FLAGLER/PONCE L. L. C.	

DO NOT WRITE IN THIS SPACE

100015479741
04/08/03--01075--022 **50.00

2. Principal Place of Business 2295 NW CORPORATE BLVD		3. Mailing Address 2295 NW CORPORATE BLVD	
Suite, Apt. #, etc. 235		Suite, Apt. #, etc. 235	
City & State BOCA RATON, FL		City & State BOCA RATON, FL	
Zip 33431	Country USA	Zip 33431	Country USA

DO NOT WRITE IN THIS SPACE

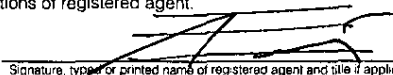
4. FEI Number 65-1020459	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Scott Granet
Street Address (P.O. Box Number is Not Acceptable) 2295 NW CORPORATE BLVD.
SUITE 235
City BOCA RATON FL Zip Code 33431

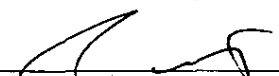
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **3.21.03**

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER SCOTT GRANET 2295 NW CORPORATE BLVD SUITE 235 - Boca Raton FL 33431	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:  DATE **3.21.03** Daytime Phone # **561-999-9600**

CR2E083B (12/02)