

2001 UNIFORM BUSINESS REPORT (UBR)

0012035 AF

DOCUMENT # L00000010165

1. Entity Name
FLAGLER 303, LLC

FILED

01 FEB 15 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
4800 BAYVIEW DR., PENTHOUSE 1
FT. LAUDERDALE FL 33308

Mailing Address
4800 BAYVIEW DR., PENTHOUSE 1
FT. LAUDERDALE FL 33308

2. Principal Place of Business
19 NW 5th Street
Suite, Apt. #, etc.

3. Mailing Address
PO Box 220368
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Ft LAUDERDALE, FL
Zip
33301
Country
USA

City & State
Hollywood, FL
Zip
33022
Country
USA

4. FEI Number
65-1041968

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 S. NORTHLAKE DRIVE
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

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		MGRM	
STREET ADDRESS		P. DOUGLAS McCRAW	
CITY-ST-ZIP		4800 BAYVIEW Drive PH 1	
		FT LAUDERDALE, FL 33308	
TITLE	<input type="checkbox"/> Delete	MGRM	<input checked="" type="checkbox"/> Addition
NAME		JANE MOY	
STREET ADDRESS		1151 S. NORTHLAKE DRIVE	
CITY-ST-ZIP		HOLLYWOOD, FL 33019	
TITLE	<input type="checkbox"/> Delete	MGRM	<input checked="" type="checkbox"/> Addition
NAME		LUTZ HOFBAUER	
STREET ADDRESS		2208 N 42nd Ave	
CITY-ST-ZIP		HOLLYWOOD, FL 33021	
TITLE	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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-02/16/01-01117-009
*****50.00 *****50.00

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 REQUIRED
1/25/01 954 7605900
Date Daytime Phone #

CR2E083 (11/00)