

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L00000012429

FILED
Jan 23, 2002 8:00 AM
Secretary of State

Entity Name: FLAGLER 501, L.L.C.

Current Principal Place of Business:

19 NW 5TH ST.
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

PO BOX 220368
HOLLYWOOD, FL 33022

New Mailing Address:

19 NW 5TH STREET
FORT LAUDERDALE, FL 33301

FEI Number: 65-1053129

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOY, JANE
1151 NORTHLAKE DRIVE
HOLLYWOOD, FL 33019 US

Name and Address of New Registered Agent:

HOFBAUER, LUTZ
19 NW 5TH STREET
FORT LAUDERDALE, FL 33301 US

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: LUTZ HOFBAUER

01/23/2002

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: MCCRAW, DOUGLAS P
Address: 4800 BAYVIEW DR. PH 1
City-St-Zip: FT. LAUDERDALE, FL 33308

Title: MGRM (X) Delete
Name: MOY, JANE
Address: 1151 S. NORTHLAKE DR.
City-St-Zip: HOLLYWOOD, FL 33019

Title: MGRM () Delete
Name: HOFBAUER, LUTZ
Address: 2208 N. 42ND AVE.
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: LUTZ HOFBAUER

MGRM

01/23/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date