

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000012429

FILED  
Apr 04, 2005  
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:**

17 NW 5TH ST.  
FORT LAUDERDALE, FL 33301

**Current Mailing Address:**

19 NW 5TH STREET  
FORT LAUDERDALE, FL 33301

**New Mailing Address:**

17 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:**

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

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

HOFBAUER, LUTZ  
17 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:

04/04/2005

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 ( ) 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:

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

04/04/2005

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