

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000012429

FILED  
Jul 12, 2009  
Secretary of State

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

**Current Principal Place of Business:**

508 NW 1ST AVE  
FORT LAUDERDALE, FL 33301

**New Principal Place of Business:**

**Current Mailing Address:**

508 NW 1ST AVE  
FORT LAUDERDALE, FL 33301

**New Mailing Address:**

FEI Number: 65-1053129      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

HOFBAUER, LUTZ  
508 NW 1ST AVE  
FORT LAUDERDALE, FL 33301      US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

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: MGRM      (X) Change ( ) Addition  
Name: HOFBAUER, LUTZ  
Address: 508 NW 1ST AVENUE  
City-St-Zip: HOLLYWOOD, FL 33301

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

07/12/2009

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