

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015681

1. Entity Name

BEAR/FLAG, LLC.

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90087 001 *****50.00

Principal Place of Business

11780 U.S. HIGHWAY #1, SUITE 400
NORTH PALM BEACH FL 33408

Mailing Address

11780 U.S. HIGHWAY #1, SUITE 400
NORTH PALM BEACH FL 33408

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-1086181**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

FHS CORPORATE SERVICES, INC.
11780 U.S. HIGHWAY #1, SUITE 400
NORTH PALM BEACH FL 33408

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **BCDC II, LLC**
STREET ADDRESS **11780 U.S. HIGHWAY ONE, SUITE 400**
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE **MGR** ☐ Delete
NAME **FLAG LUXURY PROPERTIES (JUPITER), LLC**
STREET ADDRESS **1370 AVENUE OF THE AMERICAS, 29TH FLOOR**
CITY-ST-ZIP **NEW YORK NY 10019**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Authorized Representative 2/19/02 561-626-3900

Date

Daytime Phone #

CR2E083 (9/01)