2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 23, 2006 8:00 am Secretary of State

1. Entity Nam	OCUMENT # L00000015681 intity Name AR/FLAG, LLC.				03-23-2006 90261 026 ****50.00				
	e of Business HIGHWAY #1, SUITE 400 I BEACH, FL 33408	Mailing Address 2000 PGA BLVD STE 2202 NORTH PALM BEACH, FL 33408		~nn19919					
2. Principal P	lace of Business) PGA BIUP	3. Mailing Address							
Suite, Apt.		Suite, Apt. #, etc.			02152006	Chg-LLC	CR2E083 (11/	05)	
City & State	in Beach, FL	City & State		4. FEI Numb				lied For Applicable	
zip 33	408 Country USA	Zip Country			5. Certificate of Status Desired \$5.00 Additional Fee Required				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
HAILE, SHAW & PFAFFENBERGER, P.A. 11780 U.S. HIGHWAY ONE SUITE #300 NORTH PALM BEACH, FL 33408				Street A Halle, Shaw & Pfaffenberger, P.A. 660 U.S. Highway #1, 3rd Floor North Palm Beach, FL 33408					
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or poting in the obtained in annual arm laminar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remistating) DATE									
Fi Di						a check payable Department of			
9.	MANAGING MEMBER	S/MANAGERS	10.			ADDITIONS/	CHANGES		
TITLE	MGR	Delete TITL					☐ Cha	nge	Addition :
NAME Street Address	BCDC II, LLC		NAME STREET ADDRESS						
CITY+ST-ZIP	11780 U.S. HIGHWAY ONE, SUITE 400 NORTH PALM BEACH, FL 33408		CITY-ST-ZIP						
TITLE			TITLE				☐ Cha	nge	☐ Addition
NAME			NAME	ŀ					
STREET ADDRESS				ADDRESS					
CITY-ST-ZIP	11211 70111,111			r-zip					
TITLE NAME		. Delete	TITLE	İ			☐ Cha	nge	Addition
STREET ADDRESS				ADDRESS					İ
CITY-ST-ZIP			CITY-ST	r-ŻIP					,
TITLE		☐ Delete	TITLE				☐ Cha	nge	☐ Addition
NAME			NAME						
STREET ADDRESS			STREET /	AODRESS					
CITY-ST-ZIP				1-217			□ cha		Addition
title Namé		☐ Delete	title Name				☐ Cha	nge	
STREET ADDRESS				ADDRESS					
CITY-ST-ZIP			CITY-ST	T-21P					
TITLE		☐ Delete	TITLE	<u> </u>			☐ Cha	nge	☐ Addition
NAME			NAME						j
STREET ADDRESS				ADDRESS					
CITY-ST-ZIP			CITY-ST		<u>.</u> .				
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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 treatee empowered to execute this report as required by Chapter 608, Florida Statutes.									