

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90525 005 *****50.00

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DOCUMENT # L00000015681

1. Entity Name

BEAR/FLAG, LLC.



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

3. Mailing Address

2000 PGA BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 2202

City & State

City & State

North Palm Beach, FL

Zip

Country

Zip

Country

33408

Palm Beach

4. FEI Number **65-1086181**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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. I am familiar 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 reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MGR BCDC II, LLC 11780 U.S. HIGHWAY ONE, SUITE 400 NORTH PALM BEACH FL 33408			
MGR FLAG LUXURY PROPERTIES (JUPITER), LLC 1370 AVENUE OF THE AMERICAS, 29TH FLOOR NEW YORK NY 10019			

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~~ REQUIRED

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

Date

Daytime Phone #

7/4/03

CR2E083 (10/02)