

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Feb 01, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000015695

1. Entity Name

1921 FLAGLER, LLC



Principal Place of Business

1921 FLAGLER AVE.
KEY WEST FL 33040

Mailing Address

PO BOX 1865
KEY LARGO FL 33037

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1076884

Applied For

Not Applicable

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

CULLIN, ROBERT A
605 ISLAND DRIVE
KEY LARGO FL 33037

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. 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, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME CULLIN, ROBERT A
STREET ADDRESS 605 ISLAND DRIVE
CITY- ST- ZIP KEY LARGO FL

TITLE MEM ☐ Delete
NAME CULLIN, DEBORAH A
STREET ADDRESS 605 ISLAND DRIVE
CITY- ST- ZIP KEY LARGO FL

TITLE MEM ☐ Delete
NAME CULLIN, JACQUELYN L
STREET ADDRESS 57 SNAPPER AVE.
CITY- ST- ZIP KEY LARGO FL

TITLE MEM ☐ Delete
NAME CULLIN, PATRICIA A
STREET ADDRESS 684 DOLPHIN AVE
CITY- ST- ZIP KEY LARGO FL

TITLE MEM ☐ Delete
NAME CULLIN, GEORGE F
STREET ADDRESS 684 DOLPHIN AVE
CITY- ST- ZIP KEY LARGO FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS/CHANGES

000000208518 ☐ Change ☐ Addition
02/02/05-80016-008 \$5.00

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
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

1/26/05 305-457-1302
Date Daytime Phone #