


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	
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Principal Place of Business 1921 FLAGLER AVE. KEY WEST FL 33040	Mailing Address PO BOX 1865 KEY LARGO FL 33037
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1st MOORE CR2E083 (10/04)

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt #, etc.
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City & State	City & State
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4. FEI Number 65-1076884	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CULLIN, ROBERT A 605 ISLAND DRIVE KEY LARGO FL 33037	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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City	FL	Zip Code
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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 _____ (NOTE: Registered Agent signature required when re-registering) 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 <input type="checkbox"/> Delete CULLIN, ROBERT A 605 ISLAND DRIVE KEY LARGO FL
TITLE	MEM <input type="checkbox"/> Delete CULLIN, DEBORAH A 605 ISLAND DRIVE KEY LARGO FL
TITLE	MEM <input type="checkbox"/> Delete CULLIN, JACQUELYN L 57 SNAPPER AVE. KEY LARGO FL
TITLE	MEM <input type="checkbox"/> Delete CULLIN, PATRICIA A 684 DOLPHIN AVE KEY LARGO FL
TITLE	MEM <input type="checkbox"/> Delete CULLIN, GEORGE F 684 DOLPHIN AVE KEY LARGO FL
TITLE	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 02/02/05-80016-008 \$5.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Robert A Cullin*

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