


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Jan 24, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # L00000015695  
 1. Entity Name  
 1921 FLAGLER, LLC



Principal Place of Business Mailing Address  
 1921 FLAGLER AVE. PO BOX 1865  
 KEY WEST FL 33040 KEY LARGO FL 33037



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E083 (10/07)

City & State City & State

4. FEI Number 65-1076884 Applied For Not Applicable

Zip Country Zip Country

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

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 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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature typed or printed name of registered agent not file acceptable) (NOTE: Registered Agent's picture required when constituting)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008, Fee Will Be \$538.75**  
**Make Check Payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	CULLIN, ROBERT A	
STREET ADDRESS	605 ISLAND DRIVE	
CITY- ST- ZIP	KEY LARGO FL	
TITLE	MEM	<input type="checkbox"/> Delete
NAME	CULLIN, DEBORAH A	
STREET ADDRESS	605 ISLAND DRIVE	
CITY- ST- ZIP	KEY LARGO FL	
TITLE	MEM	<input type="checkbox"/> Delete
NAME	CULLIN, JACQUELYN L	
STREET ADDRESS	57 SNAPPER AVE.	
CITY- ST- ZIP	KEY LARGO FL	
TITLE	MEM	<input type="checkbox"/> Delete
NAME	CULLIN, PATRICIA A	
STREET ADDRESS	684 DOLPHIN AVE	
CITY- ST- ZIP	KEY LARGO FL	
TITLE	MEM	<input type="checkbox"/> Delete
NAME	CULLIN, GEORGE F	
STREET ADDRESS	684 DOLPHIN AVE	
CITY- ST- ZIP	KEY LARGO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

1000000793954  
 01/25/08-80026-017 138.75

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 trustee; and I am authorized to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Robert A. Cullin* 1/21/08 305-451-1302  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE