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

FILED
May 13, 2008 8:00 am
Secretary of State
05-13-2008 90065 050 ***138.75

DOCUMENT # L01000000028

1. Entity Name
FLAGLER OCEANFRONT ENTERPRISES, LLC

Principal Place of Business	Mailing Address
1544 SOUTH OCEANSHORE BLVD FLAGLER BEACH FL 32136	1544 SOUTH OCEANSHORE BLVD FLAGLER BEACH FL 32136

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E083 (10/07)

4. FEI Number 59-3696333 — 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
MAUNEY, CARL F 1544 SOUTH OCEANSHORE BLVD FLAGLER BEACH FL 32136	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 changing) DATE

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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT MAUNEY, CARL F 1544 S. OCEANSHORE BLVD FLAGLER BEACH FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MAUNEY, REBECCA H 1544 S. OCEANSHORE BLVD FLAGLER BEACH FL ☒ Delete DECEASED 11-7-07	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ 4-26-08 386 439 0089
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

OFFICE of VITAL STATISTICS

CERTIFIED COPY

ATTACHMENT 6004080

FLORIDA CERTIFICATE OF DEATH

TYPE IN PERMANENT BLACK INK

LOCAL FILE NO. # L07 060000028

DEMOGRAPHIC INFORMATION TO BE COMPLETED BY: FUNERAL DIRECTOR

1. DECEDENT'S NAME (First, Middle, Last, Suffix): Rebecca Ann Mauney
2. SEX: Female
3. DATE OF BIRTH (Month, Day, Year): December 15, 1948
4a. AGE-Last Birthday (Years): 58
4b. UNDER 1 YEAR: Months / Days
4c. UNDER 1 DAY: Hours / Minutes
5. DATE OF DEATH (Month, Day, Year): November 7, 2007
6. SOCIAL SECURITY NUMBER: 240-84-1427
7. BIRTHPLACE (City and State or Foreign Country): Lillington, North Carolina
8. COUNTY OF DEATH: St. Johns
9. PLACE OF DEATH (Check only one): HOSPITAL: __ Inpatient __ Emergency Room/Outpatient __ Dead on Arrival; NON-HOSPITAL: __ Hospice Facility __ Nursing Home/Long Term Care Facility ✓ Decedent's Home __ Other (Specify)
10. FACILITY NAME (If not institution, give street address): 3049 South Ponte Vedra Boulevard
11a. CITY, TOWN, OR LOCATION OF DEATH: Ponte Vedra Beach
11b. INSIDE CITY LIMITS? __ Yes ✓ No
12. MARITAL STATUS (Specify): ✓ Married __ Married, but Separated __ Widowed __ Divorced __ Never Married
13. SURVIVING SPOUSE'S NAME (If wife, give maiden name): Carl F. Mauney
14a. RESIDENCE - STATE: Florida
14b. COUNTY: St. Johns
14c. CITY, TOWN, OR LOCATION: Ponte Vedra Beach
14d. STREET ADDRESS: 3049 South Ponte Vedra Boulevard
14e. APT. NO.:
14f. ZIP CODE: 32082
14g. INSIDE CITY LIMITS? __ Yes ✓ No
15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life.) Do not use "Retired": Manager
15b. KIND OF BUSINESS/INDUSTRY: Motels
16. DECEDENT'S RACE (Specify the race/races to indicate what decedent considered himself/herself to be. More than one race may be specified.): ✓ White __ Black or African American __ American Indian or Alaskan Native (Specify tribe) __ Asian Indian __ Chinese __ Filipino __ Japanese __ Korean __ Vietnamese __ Other Asian (Specify) __ Native Hawaiian __ Guamanian or Chamorro __ Samoan __ Other Pacific Isl. (Specify) __ Other (Specify)
17. DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify if decedent was of Hispanic or Haitian Origin.) __ Yes (If Yes, specify) ✓ No __ Mexican __ Puerto Rican __ Cuban __ Central/South American __ Other Hispanic (Specify) __ Haitian
18. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death.): __ 8th or less __ High school but no diploma ✓ High school diploma or GED __ College but no degree __ College degree (Specify): __ Associate __ Bachelor's __ Master's __ Doctorate
19. WAS DECEDENT EVER IN U.S. ARMED FORCES? __ Yes ✓ No
20. FATHER'S NAME (First, Middle, Last, Suffix): James Hockaday
21. MOTHER'S NAME (First, Middle, Maiden Surname): Eliz Herring
22a. INFORMANT'S NAME: Carl F. Mauney
22b. RELATIONSHIP TO DECEDENT: Husband
23a. INFORMANT'S MAILING - STATE: Florida
23b. CITY OR TOWN: Ponte Vedra Beach
23c. STREET ADDRESS: 3049 South Ponte Vedra Boulevard
23d. ZIP CODE: 32082
24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Jacksonville Crematory
25a. LOCATION - STATE: Florida
25b. LOCATION - CITY OR TOWN: Jacksonville
26a. METHOD OF DISPOSITION: __ Burial __ Entombment ✓ Cremation __ Donation __ Removal from State __ Other (Specify)
26b. IF CREMATION, DONATION OR BURIAL AT SEA, WAS MEDICAL EXAMINER APPROVAL GRANTED? ✓ Yes __ No
27a. LICENSE NUMBER (of Licensee): FD 46345
27b. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [signature]
28. NAME OF FUNERAL FACILITY: Greenlawn Funeral Home and Cemetery
29a. FACILITY'S MAILING - STATE: Florida
29b. CITY OR TOWN: Jacksonville
29c. STREET ADDRESS: 4300 Beach Boulevard
29d. ZIP CODE: 32207

MEDICAL CERTIFIER

30. CERTIFIER: (Check one) ✓ Certifying Physician - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. __ Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, due to the cause(s) and manner stated.
31a. (Signature and Title of Certifier): PHYSICIAN'S SIGNATURE
31b. DATE SIGNED (mm/dd/yyyy): 11/15/2007
32. TIME OF DEATH (24 hr.): 1130
33. MEDICAL EXAMINER'S CASE NUMBER:
34a. LICENSE NUMBER (of Certifier): ME 084642
34b. CERTIFIER'S NAME: George Kim
35. NAME OF ATTENDING PHYSICIAN (If other than Certifier):
36a. CERTIFIER'S - STATE: FL
36b. CITY OR TOWN: Jacksonville
36c. STREET ADDRESS: 4500 San Pablo Rd
36d. ZIP CODE: 32224
37. SUBREGISTRAR - Signature and Date:
38a. LOCAL REGISTRAR - Signature: Carol Medeiros CDR
38b. DATE FILED BY REGISTRAR (Mo., Day, Yr.): NOV 20 2007

CAUSE OF DEATH TO BE COMPLETED BY: MEDICAL CERTIFIER

39. PROBABLE MANNER OF DEATH: ✓ Natural __ Accident __ Suicide __ Homicide __ Pending Investigation __ Undetermined
40. REPORTED TO MEDICAL EXAMINER DUE TO CAUSE OF DEATH? __ Yes ✓ No
41. CAUSE OF DEATH - PART I. (See instructions on back) Enter the chain of events - diseases, injuries, or complications - that directly caused the death. Enter only one cause on a line. DO NOT enter terminal event such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology.
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Pancreatic cancer
Approximate Interval: Onset to Death: 18 months
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST:
b. Due to (or as a consequence of):
c. Due to (or as a consequence of):
d. Due to (or as a consequence of):
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
42a. WAS AN AUTOPSY PERFORMED? __ Yes ✓ No
42b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? __ Yes __ No
43a. IF SURGERY MENTIONED IN PART I OR II, ENTER REASON FOR SURGERY
43b. DATE OF SURGERY (Mo., Day, Yr.)
44. DID TOBACCO USE CONTRIBUTE TO DEATH? __ Yes ✓ No __ Probably __ Unknown
45. IF FEMALE, WAS SHE PREGNANT WITHIN THE PAST YEAR: __ Yes __ No __ Unknown If Yes, specify timeframe: __ at time of death __ within 1 to 42 days of death __ within 43 days to 1 year of death
46. DATE OF INJURY (Month, Day, Year)
47. TIME OF INJURY (24 hr.)
48. INJURY AT WORK? __ Yes __ No
49a. LOCATION OF INJURY - STATE
49b. CITY OR TOWN
49c. STREET ADDRESS
49d. APT. NO.
49e. ZIP CODE
50. DESCRIBE HOW INJURY OCCURRED
51. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)
IF TRANSPORTATION INJURY, 52a. Status of Decedent: __ Driver/Operator __ Passenger __ Pedestrian __ Other (Specify)
52b. Type of Vehicle: __ Car/Minivan __ S.U.V. __ Motorcycle __ Pickup Truck/Cargo Van __ Bus __ Heavy Transport __ Other (Specify)

NOV 20 2007

Carol Medeiros CDR

DH Form 512, Jul. 2004 (Obsoletes previous editions which may not be used)

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FLORIDA DEPARTMENT OF HEALTH

DH FORM 1947 (08/04)

CERTIFICATION OF VITAL RECORD

VOID IF ALTERED OR ERASED