


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90278 049 \*\*\*\*50.00

<b>DOCUMENT # L01000004373</b> 1. Entity Name <b>FLAGLER MARINE CENTER, LLC</b>					
Principal Place of Business <b>400 ROBERTS ROAD FLAGLER BEACH, FL 32136</b>			Mailing Address <b>400 ROBERTS ROAD FLAGLER BEACH, FL 32136</b>		
2. Principal Place of Business - No P.O. Box # <b>109 S. 5TH STREET</b>		3. Mailing Address <b>109 S. 5TH STREET</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>FLAGLER BEACH, FL</b>		City & State <b>FLAGLER BEACH, FL</b>		4. FEI Number <b>59-3753673</b>	
Zip <b>32136</b>		Country 		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		01162007 Chg-LLC CR2E083 (12/06)			
6. Name and Address of Current Registered Agent  <b>MILLION, ROBERT B 400 ROBERTS ROAD FLAGLER BEACH, FL 32136</b>			7. Name and Address of New Registered Agent Name <b>MILLION, ROBERT B</b> Street Address (P.O. Box Number is Not Acceptable) <b>129 FRONT STREET</b> City <b>PALM COAST</b> FL Zip Code <b>32137</b>		
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 <u><b>ROBERT B. MILLION</b></u> DATE <b>2-12-07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR MILLION, ROBERT B 400 ROBERTS ROAD FLAGLER BEACH, FL 32136</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR MILLION, ROBERT B 129 FRONT STREET PALM COAST, FL 32137</b>
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u><b>ROBERT B. MILLION</b></u> DATE <b>2-12-07</b> <b>386-439-5272</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					