

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90056 048 ****50.00

DOCUMENT # L01000021837

1. Entity Name
FLAGLER NORTH, LLC

DO NOT WRITE IN THIS SPACE

951551

2. Principal Place of Business 3511 NE 22 AVE. Suite, Apt. #, etc. Suite 350 City & State Ft. Lauderdale, FL Zip 33308 Country USA		3. Mailing Address 3511 NE 22 AVE. Suite, Apt. #, etc. Suite 350 City & State Ft. Lauderdale, FL Zip 33308 Country USA	
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4. FEI Number 69-0005262	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name KAREN J. SPIGLER
Street Address (P.O. Box, Number, is, Not Acceptable) 499 NW 70 AVE, #105
City PLANTATION FL Zip Code 33317

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE MGR NAME ARVID L. ALBANESE STREET ADDRESS 3511 NE 22 AVE. # 350 CITY-ST-ZIP Ft. Lauderdale, FL 33308	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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IN THIS SPACE**

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: _____ Date: 4/26/02 Daytime Phone #: 954-537-5544 X210

CR2E083B (12/01)