2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE:

Feb 19, 2004 8:00 am Secretary of State **DOCUMENT # L01000021837** 1. Entity Name 02-19-2004 90160 041 ***150.00 FLAGLER NORTH, LLC Principal Place of Business Mailing Address 3511 NE 22ND AVENUE, SUITE 350 3511 NE 22ND AVENUE, SUITE 350 FT LAUDERDALE, FL 33308 FT LAUDERDALE, FL 33308 CR2E083 (10/03) 02132004 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 69-0005262 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE SPIGLER, KAREN J 499 NW 70TH AVENUE, #105 PLANTATION, FL 33317 IN THIS SPACE 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 Signsture, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2004 MANAGING MEMBERS/MANAGERS TITLE NAME ALBANESE, ARVID L 3511 NE 22 AVE #350 STREET ADORESS CITY-ST-ZIP FORT LAUDERDALE, FL 33308 TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7P... 11. Thereby certify that the information supplied with his 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 any that my signature shall have the same legal effect as if made under outh; that I am a managing member or manager of the limited liability company or the receive of true empowered to execute this report as required by Chapter 608, Florida Statutes.

RE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED RERRESENTATIVE

FILED

Date