


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90453 042 ***150.00

DOCUMENT # L02000009740 1. Entity Name 2511 NORTH FLAGLER, LLC	
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Principal Place of Business 2511 NORTH FLAGLER DRIVE WEST PALM BEACH, FL 33407	Mailing Address 2511 NORTH FLAGLER DRIVE WEST PALM BEACH, FL 33407
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24043031



01182004 No Chg-LLC CR2E083 (10/03)

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4. FEI Number 02-0593379	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent GERSON, GARY N 1645 PALM BEACH LAKES BLVD., SUITE 1200 WEST PALM BEACH, FL 33401	DO NOT WRITE IN THIS SPACE
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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 reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LIEDHAN, PAUL R 3126 EMBASSY DR W. PALM BEACH, FL 33401 <i>SHOULD BE: LIEDHAN, PAUL R. 3126 EMBASSY DR.</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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DO NOT WRITE 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 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

X 4/16/4
Date Daytime Phone #