2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L02000009740

1. Entity Name
2511 NORTH FLAGLER, LLC

Principal Place of Business	Mailing Address
2511 NORTH FLAGLER DRIVE WEST PALM BEACH, FL 33407	2511 NORTH FLAGLER DRIVE WEST PALM BEACH, FL 33407

DO NOT WRITE IN THIS SPACE

02272005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
02-0593379	Not Applicable

5. Certificate of Status Desired ☐   **$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

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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, 2005

9.   MANAGING MEMBERS / MANAGERS

TITLE	MGRM
NAME	LIEBMAN, PAUL R
STREET ADDRESS	3126 EMBASSY DR
CITY-ST-ZIP	W. PALM BEACH, FL 33401
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/09/05-80066-002 50.00

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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: X _____   X 5 Apr 05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #