
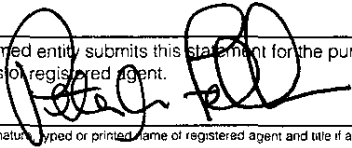
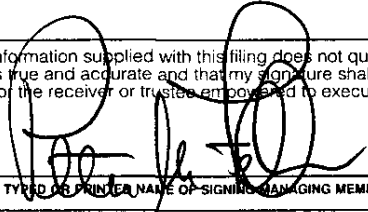


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90107 010 ****50.00

DOCUMENT # L02000026394 1. Entity Name THE COURTYARDS AT FLAGLER VILLAGE 1, LLC					
Principal Place of Business 418 NORTHEAST 5TH STREET FT LAUDERDALE FL 33301			Mailing Address PO BOX 030399 FT LAUDERDALE FL 33303		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 57-1144297	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent REGISTERED AGENTS OF FLORIDA, LLC ATTN: HOWARD J. VOGEL 100 SOUTHEAST 2ND STREET, SUITE 3500 MIAMI FL 33131				7. Name and Address of New Registered Agent Name Peter M. Feldman Street Address (P.O. Box Number is Not Acceptable) 418 N. E. 5th Street City Fort Lauderdale FL Zip Code 33301	
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 		Peter M. Feldman, Managing Member <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<small>Signature typed or printed name of registered agent and title if applicable.</small>		<small>DATE</small> 2/2/04			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	FELDMAN, PETER		NAME		
CITY-ST-ZIP	418 NE 5TH ST FORT LAUDERDALE FL 33301		STREET ADDRESS		
CITY-ST-ZIP	418 NE 5TH ST FORT LAUDERDALE FL 33301		CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			NAME		
CITY-ST-ZIP			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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CITY-ST-ZIP			STREET ADDRESS		
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STREET ADDRESS			NAME		
CITY-ST-ZIP			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 		Peter M. Feldman Managing Member			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		2/2/2004		954-523-4050	
<small>Date</small>		<small>Daytime Phone #</small>			