

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90064 042 ****50.00

DOCUMENT # L02000027843

1. Entity Name
FLAGLER DRIVE PROPERTIES, LLC



Principal Place of Business
254 N.W. 6TH AVE.
BOCA RATON, FL 33432

Mailing Address
254 N.W. 6TH AVE.
BOCA RATON, FL 33432



2. Principal Place of Business
250 NW 5th AVENUE
Suite, Apt. #, etc.

3. Mailing Address
250 NW 5th AVENUE
Suite, Apt. #, etc.

City & State
BOCA RATON, FL

City & State
BOCA RATON

4. FEI Number
06-1656064

Applied For
Not Applicable

Zip
33432
Country
USA

Zip
33432
Country
USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

STREET, PHILIP P
254 NW 6TH AVE.
BOCA RATON, FL 33432

7. Name and Address of New Registered Agent

Name **SAME**
Street Address (P.O. Box Number is Not Acceptable)
250 NW 5th AVENUE
City **BOCA RATON** FL Zip Code **33432**

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 **Philip Street**

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

(NOTE: Registered Agent signature required when reinstating)

4/26/04

DATE

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
STREET, PHILIP P
254 N.W. 6TH AVE.
BOCA RATON, FL 33432 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☒ Change ☐ Addition
250 NW 5th AVENUE
BOCA RATON FL 33432

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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: **Philip Street**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/26/04

DATE

561-251-8120

DAYTIME PHONE #