

**\*AMENDED\***

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

50.00

**FILED**

04 MAY 12 AM 10:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

B/K



2. Principal Place of Business  
**250 N.W. 5th Avenue**

3. Mailing Address  
**250 N.W. 5th Avenue**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05032004 Chg-LLC CR2E083 (10/03)

City & State  
**Boca Raton, Florida**

City & State  
**Boca Raton, Florida**

4. FEI Number  
**06-1656064**

Applied For  
☐ Not Applicable

Zip Country  
**33432 USA**

Zip Country  
**33432 USA**

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

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 September 8, 2004**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

**10. ADDITIONS/CHANGES**

TITLE NAME ☒ Change ☐ Addition  
**Mgr/President  
Streat, Philip P.**  
STREET ADDRESS  
**250 N.W. 5th Avenue**  
CITY- ST- ZIP  
**Boca Raton, Florida 33432**

TITLE NAME ☐ Change ☒ Addition  
**Mgr/Vice President  
Streat, Lorraine**  
STREET ADDRESS  
**250 N.W. 5th Avenue**  
CITY- ST- ZIP  
**Boca Raton, Florida 33432**

TITLE NAME ☒ Change ☐ Addition  
**MGRM  
PLSM Enterprises, Ltd.**  
STREET ADDRESS  
**250 N.W. 5th Avenue**  
CITY- ST- ZIP  
**Boca Raton, Florida 33432**

TITLE NAME ☐ Change ☐ Addition  
**900037060599**  
**05/24/04--01113--004 \*\*200.00**

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

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
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: Philip Streat 5/3/04 **Philip P. Streat, President** **561-347-8596**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #