

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 12, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000027843

1. Entity Name
FLAGLER DRIVE PROPERTIES, LLC



Principal Place of Business

250 N.W. 5TH AVENUE
BOCA RATON, FL 33432

Mailing Address

250 N.W. 5TH AVENUE
BOCA RATON, FL 33432



01102005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1656064

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

STREAT, PHILIP P
250 NW 5TH AVENUE
BOCA RATON, FL 33432

**DO NOT WRITE
IN THIS SPACE**

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 NAME STREET ADDRESS CITY - ST - ZIP	MGR STREAT, PHILIP P 250 NW 5TH AVENUE BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P STREAT, PHILIP P 250 NW 5TH AVENUE BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR STREAT, LORRAINE 250 NW 5TH AVENUE BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V STREAT, LORRAINE 250 NW 5TH AVENUE BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PLSM ENTERPRISES, LTD. 250 N.W. 5TH AVENUE BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000178302
01/12/05-80023-002 50.00

**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)(f), 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 PHILIP STREAT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/10/05

561 251-8120