


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 08, 2007 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
--	--

DO NOT WRITE IN THIS SPACE



02042007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 06-1656064	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

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	MGR PLSM ENTERPRISES, LTD. 250 N.W. 5TH AVENUE BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000627551
02/15/07-80065-012 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 2/4/07 207-975-5801

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