


**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90262 003 ****55.00

| | |
|---|---|
| DOCUMENT # L03000023660 |  |
| 1. Entity Name FLAGLER FINANCIAL ADVISORS LLC | |

DO NOT WRITE IN THIS SPACE

| | | | |
|--|-----------------------|--|-----------------------|
| 2. Principal Place of Business 4869 PALM COAST PARKWAY | | 3. Mailing Address 4869 PALM COAST PARKWAY | |
| Suite, Apt. #, etc. SUITE 3 | | Suite, Apt. #, etc. SUITE 3 | |
| City & State PALM COAST, FL | | City & State PALM COAST, FL | |
| Zip 32137 | Country USA | Zip 32137 | Country USA |

60048334

DO NOT WRITE IN THIS SPACE

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|--|--|--|--|
| DO NOT WRITE IN THIS SPACE | 4. FEI Number 134255696 | | Applied For <input type="checkbox"/> Not Applicable |
| | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required | | |
| | 7. Name and Address of Current Registered Agent | | |
| | Name MICHAEL J TESTONI | | |
| Street Address (P.O. Box Number is Not Acceptable) ONE DONDANVILLE RD CQ 116 | | | |
| City ST AUGUSTINE FL Zip Code 32080-7475 | | | |


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

| | |
|--|--|
| FEE IS \$50.00 | |
| Make Check Payable to Florida Department of State | |
| DUE BY MAY 1 | |

| 9. MANAGING MEMBERS/MANAGERS | | | |
|--|---|--|---------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MM, MICHAEL J TESTONI ONE DONDANVILLE RD CQ 116 ST AUGUSTINE FL 32080-7475 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MM, MONA LYNN WOLF ONE DONDANVILLE RD CQ 116 ST AUGUSTINE FL 32080-7475 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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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:  | 4/29/07 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | <small>Date Daytime Phone #</small> |

CR2E083B (12/02)