

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90277 006 ****55.00

DOCUMENT # L04000009650

1. Entity Name
2004 FLAGLER BEACH ASSOCIATES, LLC



Principal Place of Business
151 SAWGRASS CORNERS DR, STE 202
PONTE VEDRA BEACH, FL 32082

Mailing Address
151 SAWGRASS CORNERS DR, STE 202
PONTE VEDRA BEACH, FL 32082

20028295



03302005 Chg-LLC CR2E083 (10/03)

4. FEI Number
20-0675336

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE FERBER COMPANY, INC.
151 SAWGRASS CORNERS DR, STE 202
PONTE VEDRA BEACH, FL 32082

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 May 1, 2005**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME FERBER, PAUL S
STREET ADDRESS 151 SAWGRASS CORNERS DR, STE 202
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE MGR
NAME FERBER, P. SHIELDS JR
STREET ADDRESS 14255 US HWY 1, STE 214
CITY-ST-ZIP JUNO BEACH, FL 33408

☐ Delete

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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: Sonmi Y. Davis Sonmi Y. Davis 4/5/05 904-285-7600

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