

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000083210**

**1. Entity Name**  
**FLAGLER PROPERTIES LLC**



**Principal Place of Business**  
10-B FLORIDA PARK DRIVE  
PALM COAST, FL 32137

**Mailing Address**  
10-B FLORIDA PARK DRIVE,  
PALM COAST, FL 32137

**DO NOT WRITE IN THIS SPACE**



01232006No Chg-LLC

CR2ED83 (11/05)

**4. FEI Number**  
**20-1903379**

☐ Applied For  
☐ Not Applicable

**5. Certificate of Status Desired**



**\$5.00 Additional  
Fee Required**

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

GEARIN, JOHN  
5051 S.E. GREAT POCKET TRAIL  
STUART, FL 34997

**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, 2006**

U00000404523  
02/07/06-80003-011 50.00

**9. MANAGING MEMBERS/MANAGERS**

<b>TITLE</b>	<b>MGRM</b>
<b>NAME</b>	<b>SPOONER, LEN</b>
<b>STREET ADDRESS</b>	<b>38955 CHAPARRAL DRIVE</b>
<b>CITY-ST-ZIP</b>	<b>TEMECULA, CA 92592</b>
<b>TITLE</b>	<b>MGRM</b>
<b>NAME</b>	<b>GEARIN, JOHN</b>
<b>STREET ADDRESS</b>	<b>5051 S.E. GREAT POCKET TRAIL</b>
<b>CITY-ST-ZIP</b>	<b>STUART, FL 34997</b>
<b>TITLE</b>	<b>MGRM</b>
<b>NAME</b>	<b>NAGRANI, MARK DR.</b>
<b>STREET ADDRESS</b>	<b>5051 S.E. GREAT POCKET TRAIL</b>
<b>CITY-ST-ZIP</b>	<b>STUART, FL 34997</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
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<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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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**