


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

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

Filing Fee is \$50.00
Due by May 1, 2006

U00000404523
 02/07/06-80003-011 50.00

9. MANAGING MEMBERS/MANAGERS

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