## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L04000087153

1. Entity Name

NAME STREET ADDRESS

FLAGLER 412 INVESTMENTS, LLC



FILED Mar 08, 2006 08:00 AM Secretary of State

Principal Place of Business

505 S. FLAGLER DR., STE. 900 WEST PALM BEACH, FL 33401 Malling Address

505 S. FLAGLER DR., STE. 900 WEST PALM BEACH, FL 33401



01302006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1949394 Applied For Not Applicable

5. Certificate of Status Desired

2-13-06

\$5.00 Additional Fee Required

6/18321292

Daytima Phone #

6. Name and Address of Current Registered Agent

CALER, WILLIAM K JR.
CALER, DONTEN, LEVINE, DRUKER ET AL.
505 SOUTH FLAGLER DRIVE, STE. 900
WEST PALM 8EACH, FL 33401

## DO NOT WRITE IN THIS SPACE

|  |   | <b>\</b>   |  |  |
|--|---|--|--|--|
|  | named antity submits this statement for the purpose of chains of registered agent.        | nging its registered office or registered agent, or br       | oth, in the State of Florida. I am familiar with, and accept |  |
| SIGNATURE.                                     | _   |  |  |  |
|  | Signature, typed or printed name of registered agent and life if applicable               | (NOTE, Registered Agent signature required when reinstating) | DATE   |  |
| Fi<br>De                                       | iling Fee is \$50.00<br>ue by May 1, 2006   |  |  |  |
| 9.   | MANAGING MEMBERS/MANAGERS   |  |  |  |
| TITLE MAIME STREET ADDRESS CITY-ST-ZIP         | MGR<br>CALER, WILLIAM K JR.<br>505 S. FLAGLER DR., STE. 900<br>WEST PALM BEACH, FL. 33401 |  |  |  |
| TITLE NAME STITEET AUURESS CITY-ST-ZIP         |   |  | U00000459382<br>03/18/06-80030-019 50.00                     |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |   | DO   | NOT WRITE  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |   | IN   | IN THIS SPACE  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIV |   |  |  |  |
| TITLE  | }   |  |  |  |

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 it made under oath; that I am a managing member or manager of the limited fiebility company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE