2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2007 08:00 A
Secretary of State

DOCUMENT # L04000087153

1. Entity Name
FLAGLER 412 INVESTMENTS, LLC

Principal Place of Business
505 S. FLAGLER DR., STE. 900
WEST PALM BEACH, FL 33401

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

100000683174
04/05/07-80034-008 50.00

DO NOT WRITE IN THIS SPACE

02062007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1949394 | Applied For | Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

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 BEACH, FL 33401

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, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	CALER, WILLIAM K JR.
STREET ADDRESS	505 S. FLAGLER DR., STE. 900
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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: x William K Caler x 2-13-07 x 561 832 9292

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