


FILED
Apr 06, 2005 8:00 am
Secretary of State

20026982

DOCUMENT # L04000087155				04-06-2005 90023 019 ****50.00	
1. Entity Name FLAGLER 312 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			
2. Principal Place of Business		3. Mailing Address		20026982	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03152005 Chg-LLC CR2E083 (10/03)	
City & State		City & State		4. EEI Number 20-1949360	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CALER, WILLIAM K JR 505 S. FLAGLER DR., STE. 900 WEST PALM BEACH, FL 33401				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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	MGR CALER, WILLIAM K JR 505 S. FLAGLER DR., STE. 900 WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>William K Caler</i>		4-1-05 541 832 9292			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #			