2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L04000087529

1. Entity Name NORTH FLAGLER, 4905, LLC



FILED
May 01, 2007 08:00 A
Secretary of State

Principal Place of Business

2979 PGA BOULEVARD PALM BEACH GARDENS, FL 33410 Mailing Address

2979 PGA BOULEVARD PALM BEACH GARDENS, FL 33410



03272007 No Chg-LLC

CR2E083 (11/05)

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

ADAMS, SANDRA L 2979 PGA BOULEVARD PALM BEACH GARDENS, FL 33410

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	named entity submits this statement for the purpose of chang ions of registered agent.	ing its registered office or registered agent, or both, in	n the State of Florida. I am familiar with, and accept
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.	9. MANAGING MEMBERS/MANAGERS	
THE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALCZAK, PAUL 2979 PGA BLVD PALM BEACH GARDENS, FL 33410	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	·	
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-S1-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:

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

Dat

Daytime Phone #