

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 13, 2007 8:00 am
Secretary of State

09-13-2007 90016 034 ****50.00

DOCUMENT # L04000089320

1. Entity Name
FLAGLER 51 INVESTMENTS, LLC



Principal Place of Business
**2850 DOUGLAS ROAD, SUITE 400
 CORAL GABLES, FL 33134**

Mailing Address
**2850 DOUGLAS ROAD, SUITE 400
 CORAL GABLES, FL 33134**

60055960



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

08202007 Chg-LLC CR2E083 (12/06)

City & State
 Zip Country

4. FEI Number
20-2002645

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**HERNANDEZ, HECTOR ESQ.
 2850 DOUGLAS ROAD, SUITE 400
 CORAL GABLES, FL 33134**

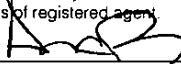
7. Name and Address of New Registered Agent

Name
ESQUIRE CORPORATE SERVICES, INC

Street Address (P.O. Box Number is Not Acceptable)
10 NW LE JEUNE ROAD, STE 500

City **MIAMI** FL Zip Code **33126**

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  DATE **9-7-07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by September 14, 2007**

**Make check payable to
 Florida Department of State**

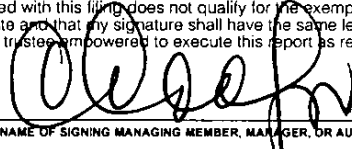
9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	GALLARDO CONVERSIONS CORP.	2850 DOUGLAS ROAD, SUITE 400	CORAL GABLES, FL 33134	<input type="checkbox"/>
MGR	BRANPHER GROUP, INC.	2850 DOUGLAS ROAD, SUITE 400	CORAL GABLES, FL 33134	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:  DATE **9/7/07**

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