

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000007757

FILED
Mar 13, 2008
Secretary of State

Entity Name: FLAGLER-TRADESTREET INVESTMENT COMPANY, LLC

Current Principal Place of Business:

639 EAST OCEAN AVE., SUITE 406
BOYNTON BEACH, FL 33435

New Principal Place of Business:

777 EAST ATLANTIC AVENUE
SUITE 203
DELRAY BEACH, FL 33483

Current Mailing Address:

639 EAST OCEAN AVE., SUITE 406
BOYNTON BEACH, FL 33435

New Mailing Address:

777 EAST ATLANTIC AVENUE
SUITE 203
DELRAY BEACH, FL 33483

FEI Number: 20-2289542

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRADESTREET PARTNERS, LLC
639 EAST OCEAN AVE., SUITE 406
BOYNTON BEACH, FL 33435 US

Name and Address of New Registered Agent:

TRADESTREET PARTNERS, LLC
777 EAST ATLANTIC AVENUE
SUITE 203
DELRAY BEACH, FL 33483 US

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.

SIGNATURE:

03/13/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: TRADESTREET PARTNERS, , LLC
Address: 639 EAST OCEAN AVE., SUITE 406
City-St-Zip: BOYNTON BEACH, FL 33435

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: TRADESTREET PARTNERS, , LLC
Address: 777 EAST ATLANTIC AVENUE, SUITE 203
City-St-Zip: DELRAY BEACH, FL 33483

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PRYSE R ELAM

MGR

03/13/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date