


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000013054 1. Entity Name FLAGLER VILLAGE APARTMENTS, L.L.C.	
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Principal Place of Business 501 NORTHEAST 13TH STREET FORT LAUDERDALE, FL 33304	Mailing Address PO BOX 7415 FORT LAUDERDALE, FL 33338
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DO NOT WRITE IN THIS SPACE



01172008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-2450759	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent WEBB, WILLIAM 404 EAST ATLANTIC BOULEVARD POMPAÑO BEACH, FL 33060
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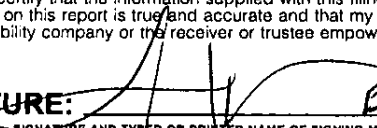
DO NOT WRITE IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEBB, WILLIAM 404 EAST ATLANTIC BOULEVARD POMPAÑO BEACH, FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COOPER, E. GERALD P.O. BOX 7415 FORT LAUDERDALE, FL 33338
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<p>U000000810246 02/08/08-80054-023 138.75</p> <p>DO NOT WRITE IN THIS SPACE</p>

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:  <u>E. GERALD Cooper</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<u>1-2808 954-462-4234</u> <small>Date Daytime Phone #</small>