9/10/2007-90103-032-$55.00-$55.00
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 SEP 26 PM 12:39

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000031102

1. Entity Name
FLAGLERLGW GROUP, LLC

Principal Place of Business	Mailing Address
1515 RIDGEWOOD AVENUE #A DAYTONA BEACH, FL 32117	1515 RIDGEWOOD AVENUE #A DAYTONA BEACH, FL 32117
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

60055769

07102007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-3086982 — Applied For / Not Applicable

5. Certificate of Status Desired — $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LOGUIDICE, JOE
1515 RIDGEWOOD AVENUE #A
HOLLY HILL, FL 32117

7. Name and Address of New Registered Agent

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 ______________________
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 September 14, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR GABLE, MICHAEL 2900 N. ATLANTIC AVE, #2001 DAYTONA BEACH, FL 32118 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Babak Makari 9918 Devereaux Dr. Matthews NC, 28105 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR GABLE, MICHAEL 2900 N. ATLANTIC AVENUE, #2001 DAYTONA BEACH, FL 32118 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: M Gable 8/30/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #