

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000048308

FILED
Apr 29, 2008
Secretary of State

Entity Name: FIFTY FIVE HUNDRED FLAGLER, LLC

Current Principal Place of Business:

1717 EDGAR STREET, STE.100
WEST PALM BEACH, FL 33401

New Principal Place of Business:

251 SOUTHERN BLVD
WEST PALM BEACH, FL 33405

Current Mailing Address:

1717 EDGAR STREET, STE.100
WEST PALM BEACH, FL 33401

New Mailing Address:

251 SOUTHERN BLVD
WEST PALM BEACH, FL 33405

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLICKMAN, GARRY M
1601 FORUM PLACE, STE. 1101
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KENNEY, DONILL J JR
Address: 1717 EDGAR STREET, STE.100
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGRM () Delete
Name: KENNEY, JODIE D
Address: 1717 EDGAR STREET, STE.100
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KENNEY, DONILL J JR
Address: 251 SOUTHERN BLVD
City-St-Zip: WEST PALM BEACH, FL 33405

Title: MGRM (X) Change () Addition
Name: KENNEY, JODIE D
Address: 251 SOUTHERN BLVD
City-St-Zip: WEST PALM BEACH, FL 33405

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: JODIE KENNEY

MGRM

04/29/2008

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