

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000070842

FILED
Apr 30, 2006
Secretary of State

Entity Name: FLAGLER LAND HOLDINGS LLC

Current Principal Place of Business:

1500 BAY RD
SUITE 644
MIAMI BCH, FL 33139

New Principal Place of Business:

PO BOX 941798
MAITLAND, FL 32794

Current Mailing Address:

1500 BAY RD
SUITE 644
MIAMI BCH, FL 33139

New Mailing Address:

PO BOX 941798
MAITLAND, FL 32794

FEI Number: 56-2524274

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CSANDLI, KRIS MR
1500 BAY RD
SUITE 644
MIAMI, FL 33139 US

Name and Address of New Registered Agent:

LEE, ROBERT
111 NORTH ORANGE AVENUE
SUITE 1450
ORLANDO, FL 32801 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: ROBERT LEE

04/30/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CSANDLI, KRIS
Address: 1500 BAY RD SUITE 644
City-St-Zip: MIAMI BCH, FL 33139 US

Title: MGRM () Delete
Name: EMMER, RYAN
Address: 1500 BAY RD SUITE 644
City-St-Zip: MIAMI BCH, FL 33139 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CSANDLI, KRIS
Address: PO BOX 941798
City-St-Zip: MAITLAND, FL 32794 US

Title: MGRM (X) Change () Addition
Name: EMMER, RYAN
Address: PO BOX 941798
City-St-Zip: MAITLAND, FL 32794 US

I hereby certify that the information supplied with this filing does not qualify for the 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: RYAN EMMER

MGRM

04/30/2006

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