2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000070842

Entity Name: FLAGLER LAND HOLDINGS LLC

FILED Apr 30, 2006 Secretary of State

Current Principal Place	of Business:	New Principal Place of Business:		
1500 BAY RD SUIT 644 MIAMI BCH, FL 33139		PO BOX 941798 MAITLAND, FL 32794		
Current Mailing Address:		New Mailing Address:		
1500 BAY RD SUIT 644 MIAMI BCH, FL 33139		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:		Name and Address of New Registered Agent:		
CSANDLI, KRIS MR 1500 BAY RD SUIT 644 MIAIMI, FL 33139 US		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:		ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	MGRM () Delete CSANDLI, KRIS 1500 BAY RD SUIT 644 MIAMI BCH, FL 33139 US	Title: Name: Address: City-St-Zip:	MGRM (X) Change () Addition CSANDLI, KRIS PO BOX 941798 MAITLAND, FL 32794 US	
Title: Name: Address: City-St-Zip:	MGRM () Delete EMMER, RYAN 1500 BAY RD SUIT 644 MIAMI BCH, FL 33139 US	Title: Name: Address: City-St-Zip:	MGRM (X) Change () Addition EMMER, RYAN PO BOX 941798 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 Represen	tative / Date