

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000100673

FILED  
Jan 15, 2009  
Secretary of State

Entity Name: ONE FLAGLER HOLDINGS, LLC

**Current Principal Place of Business:**

14 NE 1ST AVENUE  
1205  
MIAMI, FL 33132

**New Principal Place of Business:**

**Current Mailing Address:**

14 NE 1ST AVENUE  
1205  
MIAMI, FL 33132

**New Mailing Address:**

FEI Number: 20-4582931

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GREEN, JEREMY  
14 NE 1ST AVENUE  
1205  
MIAMI, FL 33132 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: WOLINETZ, HARVEY  
Address: 14 NE 1ST AVENUE, SUITE 1205  
City-St-Zip: MIAMI, FL 33132

Title: MGRM ( ) Delete  
Name: GREEN, JEREMY  
Address: 2800 ROYAL PALM AVENUE  
City-St-Zip: MIAMI BEACH, FL 33140

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Change (X) Addition  
Name: ARETZ ASSOCIATES,  
Address: ONE STONE PLACE, SUITE 200  
City-St-Zip: BRONXVILLE, NY 10708

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: JEREMY GREEN

MGRM

01/15/2009

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