

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000040590

FILED
May 03, 2008
Secretary of State

Entity Name: FLAGLER BEACH INVESTMENTS, LLC

Current Principal Place of Business:

408 SOUTH HIGHWAY A1A
FLAGLER BEACH, FL 32136

New Principal Place of Business:

Current Mailing Address:

9146 PHILLIPS GROVE TERRACE
ORLANDO, FL 32836

New Mailing Address:

FEI Number: 22-3929062 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

PATEL, SMITA
9146 PHILLIPS GROVE TERRACE
ORLANDO, FL 32836 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PATEL, KALPESH
Address: 8171 LAKE SERENE DRIVE
City-St-Zip: ORLANDO, FL 32836

Title: MGRM () Delete
Name: PATEL, TINO
Address: 13114 WILSHIRE RUN CT
City-St-Zip: ORLANDO, FL 32828

Title: MGRM () Delete
Name: PATEL, MANOJ
Address: 9146 PHILLIPS GROVE TERRACE
City-St-Zip: OALNDO, FL 32836

ADDITIONS/CHANGES:

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

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

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

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: MANOJ PATEL

MEM

05/03/2008

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