2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State **DOCUMENT # L06000067541** 03-17-2008 90258 049 ***138.75 8014 FLAGLER, LLC Mailing Address Principal Place of Business 1015 W. INDIANTOWN ROAD 1015 W. INDIANTOWN ROAD SUITE 101-A SUITE 101-A JUPITER, FL 33458 US JUPITER, FL 33458 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 35 TOWN HALL 935 Town AAll SUE Suite, Apt. #, etc. 03052008 CR2E083 (12/06) Chg-LLC 4. FEI Number Applied For City & State 20-5171490 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THOMAS, DANNY R Street Address (P.O. Box Number/a Not Acceptable) 1015 W. INDIANTOWN ROAD SUITE 101-A JUPITER, FL 33458 8. 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. I am familiar with, and accept the obligations of registered agen SIGNATURE Signature, typed or printed registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. Detete TITLE ☐ Change ☐ Addition TITLE NAME THOMAS, DANNY R NAME 935 TOWN HALL BUE UNIT #Z 1015 W. INDIANTOWN ROAD, SUITE 101-A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JUPITER, FL 33458 CITY-ST-ZIP MGRM THILE ☐ Detete TITLE THOMAS, CHRISTIAN J NAME NAME 935 Town Hall due unit Jupiter FC 37458 Change STREET ADDRESS 1015 W. INDIANTOWN ROAD, SUITE 101-A STREET ADORESS CITY-ST-7IP JUPITER, FL 33458 CITY-ST-ZIP Delete TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition TITLE Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE ■ Addition TITLE ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Mar 17, 2008 8:00 am