

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000032806

FILED
Apr 30, 2009
Secretary of State

Entity Name: FLAGLER OCEANFRONT, L.L.C.

Current Principal Place of Business:

3423 NORTH OCEANSHORE BLVD
FLAGLER BEACH, FL 32136

New Principal Place of Business:

3423 N. OCEANSHORE BLVD
FLAGLER BEACH, FL 32136

Current Mailing Address:

3423 NORTH OCEANSHORE BLVD
FLAGLER BEACH, FL 32136

New Mailing Address:

3423 N. OCEANSHORE BLVD
FLAGLER BEACH, FL 32136

FEI Number: 26-2357275

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIUMENTO & GUNTARP PA
4 OLD KINGS ROAD NORTH STE B
PALM COAST, FL 32137 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: MGR () Delete
Name: JOHNSTON, GREGORY A
Address: 3423 NORTH OCEANSHORE BLVD
City-St-Zip: FLAGLER BEACH, FL 32136

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: JOHNSTON, GREGORY A
Address: 3423 N. OCEANSHORE BLVD
City-St-Zip: FLAGLER BEACH, FL 32136

Title: MGR () Change (X) Addition
Name: JOHNSTON, MARGARET W
Address: 3423 N. OCEANSHORE BLVD.
City-St-Zip: FLAGLER BEACH, FL 32136

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: GREGORY JOHNSTON

MGR

04/30/2009

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