

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000000383

FILED
Apr 12, 2007
Secretary of State

Entity Name: FLAGLER 500, L.L.C.

Current Principal Place of Business:

21 NW 5TH ST.
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

19 NW 5TH ST.
FORT LAUDERDALE, FL 33301

Current Mailing Address:

21 NW 5TH STREET
FORT LAUDERDALE, FL 33301

New Mailing Address:

19 NW 5TH STREET
FORT LAUDERDALE, FL 33301

FEI Number: 65-0886930

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOFBAUER, LUTZ
21 NW 5TH STREET
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

HOFBAUER, LUTZ
19 NW 5TH STREET
FORT LAUDERDALE, FL 33301 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: LUTZ HOFBAUER

04/12/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MCCRAW, P. DOUG
Address: 4800 BAYVIEW DRIVE, PENTHOUSE 1
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: MGRM () Delete
Name: HOFBAUER, LUTZ M
Address: 2208 N 42ND AVENUE
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES:

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 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: LUTZ HOFBAUER

MGRM

04/12/2007

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