

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000000383

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

FILED  
Apr 29, 2008  
Secretary of State

## Current Principal Place of Business:

19 NW 5TH ST.  
FORT LAUDERDALE, FL 33301

## New Principal Place of Business:

508 NW 1ST AVE  
FORT LAUDERDALE, FL 33301

## Current Mailing Address:

19 NW 5TH STREET  
FORT LAUDERDALE, FL 33301

## New Mailing Address:

50819 NW 1ST AVE  
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  
19 NW 5TH STREET  
FORT LAUDERDALE, FL 33301 US

## Name and Address of New Registered Agent:

HOFBAUER, LUTZ  
508 NW 1ST AVE  
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:

04/29/2008

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 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 M HOFBAUER

MGRM

04/29/2008

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