


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M00000001797</b> 1. Entity Name FWI 7, LLC	
--	---

Principal Place of Business 197 EIGHTH ST., STE. 800 BOSTON, MA 02129	Mailing Address 197 EIGHTH ST., STE. 800 BOSTON, MA 02129
---	---

**DO NOT WRITE IN THIS SPACE**



04072004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 04-3531282	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
---	--

6. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
--

**DO NOT WRITE  
IN THIS SPACE**

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 agent.

SIGNATURE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

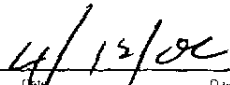
**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY, ST., ZIP	MGR FLAGSHIP INVESTMENT I LLC 197 EIGHTH ST., STE 800 BOSTON, MA 02129
TITLE NAME STREET ADDRESS CITY, ST., ZIP	
TITLE NAME STREET ADDRESS CITY, ST., ZIP	
TITLE NAME STREET ADDRESS CITY, ST., ZIP	
TITLE NAME STREET ADDRESS CITY, ST., ZIP	
TITLE NAME STREET ADDRESS CITY, ST., ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(h), 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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

  
4/12/04

DATE OF FILING