

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000000675

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: FLAGLER 445, L.L.C.

**Current Principal Place of Business:**

15950 FRANKLIN TRAIL SE  
PRIOR LAKE, MN 55372

**New Principal Place of Business:**

**Current Mailing Address:**

15950 FRANKLIN TRAIL SE  
PRIOR LAKE, MN 55372

**New Mailing Address:**

FEI Number: 41-1998992

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JONES, RAYMOND D  
6 OAK COURT  
ORMOND BEACH, FL 32174 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: NORTHRUP, JOHN P  
Address: 16285 HUDSON AVE  
City-St-Zip: LAKEVILLE, MN 55044

Title: MGR ( ) Delete  
Name: NORTHRUP, GLEN M  
Address: 17240 JUDICIAL ROAD  
City-St-Zip: LAKEVILLE, MN 55044

Title: MGR ( ) Delete  
Name: JONES, RAYMOND D  
Address: 6 OAK COURT  
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGR ( ) Delete  
Name: NORTHRUP, JEROME P  
Address: 26640 DREXEL AVE.  
City-St-Zip: NEW PRAGUE, MN 56071

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JOHN P. NORTHRUP

MGR

04/30/2009

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