

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90234 015 \*\*\*\*50.00

**DOCUMENT # M01000000675**

1. Entity Name  
**FLAGLER 445, L.L.C.**



Principal Place of Business

**15950 FRANKLIN TRAIL SE  
PRIOR LAKE MN 55372**

Mailing Address

**15950 FRANKLIN TRAIL SE  
PRIOR LAKE MN 55372**

20009486



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **41-1998992**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**JONES, RAYMOND D  
6 OAK COURT  
ORMOND BEACH FL 32174**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

| TITLE | NAME               | STREET ADDRESS         | CITY-ST-ZIP        | Delete                   |
|-------|--------------------|------------------------|--------------------|--------------------------|
| MGR   | NORTHRUP, JOHN D   | 8525 WEST 163RD STREET | LAKEVILLE MN 55044 | <input type="checkbox"/> |
| MGR   | NORTHRUP, GLEN M   | 8525 WEST 163RD STREET | LAKEVILLE MN 55044 | <input type="checkbox"/> |
| MGR   | JONES, RAYMOND D   | 8525 WEST 163RD STREET | LAKEVILLE MN 55044 | <input type="checkbox"/> |
| MGR   | NORTHRUP, JEROME P | 8525 WEST 163RD STREET | LAKEVILLE MN 55044 | <input type="checkbox"/> |
|       |                    |                        |                    | <input type="checkbox"/> |
|       |                    |                        |                    | <input type="checkbox"/> |

10. ADDITIONS/CHANGES

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Change                   | Addition                 |
|-------|------|----------------|-------------|--------------------------|--------------------------|
|       |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> |
|       |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> |
|       |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> |
|       |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> |
|       |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> |

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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* REGISTERED NORTHRUP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/13/03

Date

952-226-3090

Daytime Phone #

CR2E083 (10/02)