## 2006 LIMITED LIABILITY COMPANY

## **ANNUAL REPORT**

## DOCUMENT # M02000003415

1. Entity Name FLAGLER POINTE, LLC



Principal Place of Business

C/O CRESCENT HEIGHTS OF AMERICA, INC. 2930 BISCAYNE BLVD.

MIAMI, FL 33137

Mailing Address

C/O CRESCENT HEIGHTS OF AMERICA, INC. 2930 BISCAYNE BLVD.

MIAMI, FL 33137

## FILED May 01, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For 4. FEì Number 13-4227214 Not Applicable \$5.00 Additional  $\Box$ 

5. Certificate of Status Desired

Fee Required

8. Name and Address of Current Registered Agent

NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4

WESTON, FL 33331

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 Flo | ida. I am familiar with, and accept |
|--|-------------------------------------|
| the obligations of registered agent.   |                                     |

SIGNATURE.

Signature, typed or printed name of registered agent and title if applicable

PAOTE: Replatered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2006

|                 | 14414-019 (0.4/2149-200 (14414-0700) |     |
|-----------------|--------------------------------------|-----|
| 9.              | MANAGING MEMBERS/MANAGERS            |     |
| TITLE           | MGRM                                 | . — |
| NAME            | FLAGLER POINTE HOLDINGS, LLC         |     |
| STREET ADDRESS  | 2930 BISCAYNE BLVD.                  | -   |
| CHY-ST-ZIP      | MIAMI, FL 33137                      | -   |
| IBLE            |                                      |     |
| NAME            |                                      |     |
| STREET ADDRESS  |                                      |     |
| CITY-ST-ZIP     |                                      |     |
| TITLE           |                                      |     |
| NAME            |                                      |     |
| STREET ACCORESS |                                      |     |
| CITY-ST-ZIP     |                                      |     |
| SISTE           |                                      |     |
| NAME            |                                      |     |
| STREET ADDRESS  |                                      |     |
| CHTY-ST-ZIP     |                                      |     |
| TITLE           |                                      |     |
| NAME            |                                      |     |
| STREET ADORESS  | {                                    |     |
| CITY-ST-ZIP     |                                      |     |
| MILE            |                                      |     |
| NAME            |                                      |     |
| STREET ADDRESS  | }                                    |     |
| CITY-ST-ZIP     |                                      |     |

SIGNATURE AND TYPED OR PRINTED WAKE OF SIGNING MANAGING MEMBER

05/12/06-80023-022 150.00

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11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. 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 it made under each; 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:

Russell Galbut, Trustee of RF Business Trust Managing Member, 2/14/06 305.374.5700