2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M0200003415

1. Entity Name

FLAGLER POINTE, LLC



Principal Place of Business Mailing Address C/O CRESCENT HEIGHTS OF AMERICA. INC. C/O CRESCENT HEIGHTS OF AMERICA. INC. 2930 BISCAYNE BLVD. 2930 BISCAYNE BLVD. Street and the E MIAMI FL 33137 MIAMI FL 33137 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Zip Country Country 5. 6. Name and Address of Current Registered Agent 7 NRAI SERVICES, INC. Street Address (P.O. 526 E. PARK AVENUE TALLAHASSEE FL 32301 8. The above named entity submits this statement for the purpose of changing its registered office or registered a the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required whe FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of Due By September 24, 2003 · - · · MANAGING MEMBERS/MANAGERS 10. MGRM 4iTLE TITLE ☐ Delete FLAGLER POINTE HOLDINGS, LLC NAME NAME 2930 BISCAYNE BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33137** ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 出 対句 は 対応 法 TITLE Change ■ Addition Delete TITLE 域争为。 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

FILED Jul 25, 2003 8:00 am Secrétary of State

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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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

CHRISTENBURY, VP 7/22/23