

# 2005 LIMITED-LIABILITY COMPANY ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 NOV -7 AM 8:17

<b>DOCUMENT # M02000003417</b> 1. Entity Name <b>FLAGLER POINTE HOLDINGS, LLC</b>					
Principal Place of Business <b>2930 BISCAYNE BLVD. C/O CRESCENT HEIGHTS OF AMERICA MIAMI, FL 33137</b>				Mailing Address <b>2930 BISCAYNE BLVD. C/O CRESCENT HEIGHTS OF AMERICA MIAMI, FL 33137</b>	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		 07212005 Chg-LLC CR2E083 (10/03)	
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>13-4227216</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office, registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
<b>REINSTATEMENT 2005</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by September 7, 2005</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SK BUSINESS TRUST 2930 BISCAYNE BLVD. MIAMI, FL 33137</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary Shlomo Dachoh 2930 Biscayne Boulevard Miami, Florida 33137</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM RF BUSINESS TRUST 2930 BISCAYNE BLVD. MIAMI, FL 33137</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer Joseph Zdon 2930 Biscayne Boulevard Miami, FL 33137</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MENIN 1998 FAMILY TRUST 2930 BISCAYNE BLVD. MIAMI, FL 33137</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P KIRAT, YAFFA 2930 BISCAYNE BOULEVARD MIAMI, FL 33137</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center;"> <b>100061218411</b>  <b>11/07/05--01059--003 ***150.00</b> </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP CHILD, KAREN 2930 BISCAYNE BOULEVARD MIAMI, FL 33137</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP CHRISTENBURY, SHARON 2930 BISCAYNE BOULEVARD MIAMI, FL 33137</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED</small>				Russell Galbut, Trustee RF Business Trust, Member 08/02/05 (305) 374-5700	