

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000003417

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: FLAGLER POINTE HOLDINGS, LLC

**Current Principal Place of Business:**

2200 BISCAYNE BLVD.  
C/O CRESCENT HEIGHTS OF AMERICA  
MIAMI, FL 33137

**New Principal Place of Business:**

**Current Mailing Address:**

2200 BISCAYNE BLVD.  
C/O CRESCENT HEIGHTS OF AMERICA  
MIAMI, FL 33137

**New Mailing Address:**

FEI Number: 13-4227216      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 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: MGRM ( ) Delete  
Name: SK BUSINESS TRUST  
Address: 2200 BISCAYNE BLVD.  
City-St-Zip: MIAMI, FL 33137

Title: MGRM ( ) Delete  
Name: RF BUSINESS TRUST  
Address: 2200 BISCAYNE BLVD.  
City-St-Zip: MIAMI, FL 33137

Title: MGRM ( ) Delete  
Name: MENIN 1998 FAMILY TRUST  
Address: 2200 BISCAYNE BLVD.  
City-St-Zip: MIAMI, FL 33137

Title: P ( ) Delete  
Name: KIRAT, YAFFA  
Address: 2200 BISCAYNE BOULEVARD  
City-St-Zip: MIAMI, FL 33137

Title: VP ( ) Delete  
Name: CHILD, KAREN  
Address: 2200 BISCAYNE BOULEVARD  
City-St-Zip: MIAMI, FL 33137

Title: VP ( ) Delete  
Name: CHRISTENBURY, SHARON  
Address: 2200 BISCAYNE BOULEVARD  
City-St-Zip: MIAMI, FL 33137

**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:

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: RUSSELL W. GALBUT

MGRM

04/29/2009

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