

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M03000001993

**FILED**  
**Apr 05, 2010**  
**Secretary of State**

**Entity Name:** FLAGLER PARK, LLC

**Current Principal Place of Business:**

801 GRAND AVENUE  
DES MOINES, IA 50392

**New Principal Place of Business:**

**Current Mailing Address:**

801 GRAND AVENUE  
ATTN: BOB ROEPSCH  
DES MOINES, IA 50392

**New Mailing Address:**

**FEI Number:** 42-0127290

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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  
Name: PRINCIPAL LIFE INSURANCE COMPANY  
Address: 801 GRAND AVENUE  
City-St-Zip: DES MOINES, IA 50392

Title: MGR  
Name: LUTCAVISH, DONNA MGR  
Address: 801 GRAND AVE  
City-St-Zip: DES MOINES, IA 50392 US

Title: MGR  
Name: WADLE, BRENDA MGR  
Address: 801 GRAND AVE  
City-St-Zip: DES MOINES, IA 50392 US

Title: MGR  
Name: PIERCE, JOE MGR  
Address: 801 GRAND AVE  
City-St-Zip: DES MOINES, IA 50392 US

Title: MGR  
Name: SCHOLZ, MARK MGR  
Address: 801 GRAND AVE  
City-St-Zip: DES MOINES, IA 50392 US

I hereby 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: ROBERT ROEPSCH

ADM

04/05/2010

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