
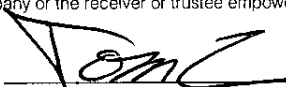


**FILED**  
**Apr 20, 2004 8:00 am**  
**Secretary of State**

[illegible]

DOCUMENT # M03000003002						04-20-2004 90188 010 ****50.00																	
1. Entity Name FLAG 2 LLC																							
Principal Place of Business C/O CORPORATION SERVICE COMPANY 2711 CENTERVILLE ROAD, STE. 400 WILMINGTON, DE 19808						Mailing Address C/O CORPORATION SERVICE COMPANY 2711 CENTERVILLE ROAD, STE. 400 WILMINGTON, DE 19808																	
2. Principal Place of Business						3. Mailing Address																	
Suite, Apt. #, etc.						Suite, Apt. #, etc.																	
City & State						City & State																	
Zip		Country		Zip		Country		4. FEI Number <b>45-0523715</b>				Applied For Not Applicable											
						5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent																	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301						Name																	
						Street Address (P.O. Box Number is Not Acceptable)																	
						City						FL		Zip Code									
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 Florida. I am familiar with, and accept the obligations of registered agent.																							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>												DATE _____											
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>												<b>Make check payable to Florida Department of State</b>											
9. MANAGING MEMBERS/MANAGERS						10. ADDITIONS/CHANGES																	
TITLE	MGRM <input type="checkbox"/> Delete					TITLE						<input type="checkbox"/> Change		<input type="checkbox"/> Addition									
NAME	FLAG WHARF, INC.					NAME																	
STREET ADDRESS	197 EIGHTH STREET, STE. 800					STREET ADDRESS																	
CITY-ST-ZIP	BOSTON, MA 02129					CITY-ST-ZIP																	
TITLE	<input type="checkbox"/> Delete					TITLE						<input type="checkbox"/> Change		<input type="checkbox"/> Addition									
NAME						NAME																	
STREET ADDRESS						STREET ADDRESS																	
CITY-ST-ZIP						CITY-ST-ZIP																	
TITLE	<input type="checkbox"/> Delete					TITLE						<input type="checkbox"/> Change		<input type="checkbox"/> Addition									
NAME						NAME																	
STREET ADDRESS						STREET ADDRESS																	
CITY-ST-ZIP						CITY-ST-ZIP																	
TITLE	<input type="checkbox"/> Delete					TITLE						<input type="checkbox"/> Change		<input type="checkbox"/> Addition									
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TITLE	<input type="checkbox"/> Delete					TITLE						<input type="checkbox"/> Change		<input type="checkbox"/> Addition									
NAME						NAME																	
STREET ADDRESS						STREET ADDRESS																	
CITY-ST-ZIP						CITY-ST-ZIP																	
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.																							
SIGNATURE: 						Date: <b>4/12/04</b>						Daytime Phone # _____											
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																							