

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M05000006228

**FILED**  
**Apr 18, 2011**  
**Secretary of State**

**Entity Name:** ONE FLAGLER DEVELOPMENT, LLC

**Current Principal Place of Business:**

1475 W. CYPRESS CREEK ROAD  
202  
FORT LAUDERDALE, FL 33309

**New Principal Place of Business:**

**Current Mailing Address:**

1475 W. CYPRESS CREEK ROAD  
202  
FORT LAUDERDALE, FL 33309

**New Mailing Address:**

**FEI Number:** 20-3727474

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HERTZ, CLIFF  
ONE NORTH CLEMATIS STREET  
500  
WEST PALM BEACH, FL 33401 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:** PD  
**Name:** GOLDSTEIN, JAMES E  
**Address:** 1475 W CYPRESS CREEK ROAD 202  
**City-St-Zip:** FORT LAUDERDALE, FL 33309 US

**Title:** VT  
**Name:** SILVERMAN, MARTHA  
**Address:** 1475 W CYPRESS CREEK ROAD 202  
**City-St-Zip:** FORT LAUDERDALE, FL 33309 US

**Title:** S  
**Name:** GOLDSTEIN, DANIEL  
**Address:** 1475 W CYPRESS CREEK ROAD 202  
**City-St-Zip:** FORT LAUDERDALE, FL 33309 US

**Title:** D  
**Name:** SCHROEDER, ANDERS U  
**Address:** 1475 W CYPRESS CREEK ROAD 202  
**City-St-Zip:** FORT LAUDERDALE, FL 33309 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:** JAMES GOLDSTEIN

PD

04/18/2011

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