

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000006815

FILED
Apr 15, 2009
Secretary of State

Entity Name: FDG FLAGLER CROSSING LLC

Current Principal Place of Business:

2855 S. LEJEUNE ROAD
4TH FLOOR
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2855 S. LEJEUNE ROAD
4TH FLOOR
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)

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 () Delete
Name: FDG MEZZANINE I, LLC
Address: 2855 S. LEJEUNE ROAD 4TH FLOOR
City-St-Zip: CORAL GABLES, FL 33134

Title: PRES () Delete
Name: CODINA, ARMANDO
Address: 2855 S. LEJEUNE ROAD 4TH FLOOR
City-St-Zip: CORAL GABLES, FL 33134

Title: VP (X) Delete
Name: HEVIA, JOSE
Address: 2855 S. LEJEUNE ROAD 4TH FLOOR
City-St-Zip: CORAL GABLES, FL 33134

Title: VP () Delete
Name: COBB, KOLLEEN
Address: 2855 S. LEJEUNE ROAD 4TH FLOOR
City-St-Zip: CORAL GABLES, FL 33134

Title: VP () Delete
Name: ABAUNZA, CARLOS
Address: 2855 S. LEJEUNE ROAD 4TH FLOOR
City-St-Zip: CORAL GABLES, FL 33134

Title: VP () Delete
Name: RODON, RAFAEL
Address: 2855 S. LEJEUNE ROAD 4TH FLOOR
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: HEVIA, JOSE
Address: 2855 S. LEJEUNE ROAD 4TH FLOOR
City-St-Zip: CORAL GABLES, FL 33134

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: KOLLEEN COBB

VP

04/15/2009

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