## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# M07000007211

Entity Name: FLAGLER DEVELOPMENT REVERSE EXCHANGE, LLC

FILED Apr 29, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 150 ALMADEN BOULEVARD, SUITE 1375 2855 S. LEJEUNE ROAD, 4TH FLOOR SAN JOSE, CA 95113 CORAL GABLES, FL 33134 **Current Mailing Address: New Mailing Address:** 150 ALMADEN BOULEVARD, SUITE 1375 2855 S. LEJEUNE ROAD, 4TH FLOOR SAN JOSE, CA 95113 CORAL GABLES, FL 33134 FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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: ADDITIONS/CHANGES: Title: MGRM () Delete (X) Change ( ) Addition FLAGLER DEVELOPMENT, COMPANY, LLC VESTA STRATEGIES, LL, C Name: Name: 150 ALMADEN BOULEVARD, SUITE 1375 Address: 2855 S. LEJEUNE ROAD, 4TH FLOOR Address: City-St-Zip: SAN JOSE, CA 95113 City-St-Zip: CORAL GABLES, FL 33134 Title: Title: ( ) Change (X) Addition ( ) Delete Name: CODINA, ARMANDO Name: Address: Address: 2855 S. LEJEUNE ROAD, 4TH FLOOR City-St-Zip: City-St-Zip: CORAL GABLES, FL 33134 Title: () Delete Title: ( ) Change (X) Addition HEVIA, JOSE Name: Name: 2855 S. LEJEUNE ROAD, 4TH FLOOR Address: Address: City-St-Zip: City-St-Zip: CORAL GABLES, FL 33134 Title: () Delete Title: **VPS** ( ) Change (X) Addition Name: Name: COBB, KOLLEEN 2855 S. LEJEUNE ROAD, 4TH FLOOR Address: Address: City-St-Zip: City-St-Zip: CORAL GABLES, FL 33134 Title: () Delete Title: ( ) Change (X) Addition ABAUNZA, CARLOS Name: Name: 2855 S. LEJEUNE ROAD, 4TH FLOOR Address: Address: City-St-Zip: City-St-Zip: CORAL GABLES, FL 33134 Title: () Delete Title: ( ) Change (X) Addition RODON, RAFAEL Name: Name: Address: Address: 2855 S. LEJEUNE ROAD, 4TH FLOOR CORAL GABLES, FL 33134 City-St-Zip: 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 04/29/2008