

**2017 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L16000172391

**Entity Name:** FRI FLAGLER MANAGEMENT, LLC

**Current Principal Place of Business:**

625 N FLAGLER DR STE 501  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

625 N FLAGLER DR STE 501  
WEST PALM BEACH, FL 33401 US

**FEI Number:** 81-4172633

**Certificate of Status Desired:** Yes

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

HAILE, SHAW & PFAFFENBERGER, P.A.  
660 US HWY 1 3RD FLOOR  
NORTH PALM BEACH, FL 33408 US

*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

**Authorized Person(s) Detail :**

Title MGR  
Name MCCLOSKEY, MICHAEL  
Address 625 N FLAGLER DR STE 501  
City-State-Zip: WEST PALM BEACH FL 33401

Title AUTHORIZED MEMBER  
Name MCCLOSKEY, BARBARA HOLLY  
Address 625 N FLAGLER DR STE 501  
City-State-Zip: WEST PALM BEACH FL 33401

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MICHAEL MCCLOSKEY

**MANAGER**

**01/13/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date