

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2009 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009			
A This return/report is for:	☐ a multiemployer plan;	☐ a multiple-employer plan; or	
	☒ a single-employer plan;	☐ a DFE (specify) ____	
B This return/report is:	☐ the first return/report;	☐ the final return/report;	
	☐ an amended return/report;	☐ a short plan year return/report (less than 12 months).	
C If the plan is a collectively-bargained plan, check here.	☐		
D Check box if filing under:	☒ Form 5558;	☐ automatic extension;	☐ the DFVC program;
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a Name of plan FLAGLERCE HOLDINGS, L.L.C RETIRMENT SAVINGS PLAN 2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) FLAGLERCE HOLDINGS, L.L.C. 4700 MILLENIA BLVD STE 500 ORLANDO, FL 32839	1b Three-digit plan number (PN) ►	001	
	1c Effective date of plan	07/01/2004	
	2b Employer Identification Number (EIN)	61-1559021	
	2c Sponsor's telephone number	407-659-8700	
	2d Business code (see instructions)	444190	

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2010	SERENA MORSE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") FLAGLERCE HOLDINGS, L.L.C. 4700 MILLENIA BLVD STE 500 ORLANDO, FL 32839	3b Administrator's EIN 61-1559021 3c Administrator's telephone number 407-659-8700
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name FLAGLER CONSTRUCTION EQUIPMENT	4b EIN 26-0079832 4c PN 001	
5 Total number of participants at the beginning of the plan year	5	280
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	172
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	53
d Subtotal. Add lines 6a , 6b , and 6c	6d	225
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	225
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	160
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	15
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2E 2F 2G 2J 2K 2A

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	(1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
 (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
 (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1) ☒ **H** (Financial Information)
 (2) ☐ **I** (Financial Information – Small Plan)
 (3) ☒ 1 **A** (Insurance Information)
 (4) ☒ **C** (Service Provider Information)
 (5) ☒ **D** (DFE/Participating Plan Information)
 (6) ☐ **G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan FLAGLERCE HOLDINGS, L.L.C RETIRMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500. FLAGLERCE HOLDINGS, L.L.C.		
D Employer Identification Number (EIN) 61-1559021		

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier

JOHN HANCOCK USA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
01-0233346	65838	56311	184	01/01/2009	12/31/2009

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	32170

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

CARPENTER MORSE GROUP
834 N. HIGHLAND AVENUE
ORLANDO, FL 32803

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	22175	TPA FEES	5

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

CARPENTER, CLAYDON ADVISORS
834 N. HIGHLAND AVENUE
ORLANDO, FL 32803

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	9913	RIA FEES	7

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

VANGUARD GROUP, INC.

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	82	REDEMPTION FEES	6

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

UBS GLOBAL ASSET MANAGEMENT

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
			6

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

PACIFIC INVESTMENT MANAGEMENT COMPA

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
			6

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

ALLIANZ GLOBAL INVESTORS FUND MGT L

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
			6

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	13634
5 Current value of plan's interest under this contract in separate accounts at year end	5	3823183

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☒ guaranteed investment (4) ☐ other ▶ **GROUP ANNUITY CONTRACT**

b Balance at the end of the previous year	7b	59793
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c Additions: (1) Contributions deposited during the year	7c(1)	4884	
	7c(2)		
	7c(3)	521	
	7c(4)	2173	
	7c(5)	341	
▶ LOAN REPAYMENTS POSITIVE MARKET VALUE			

(6) Total additions	7c(6)	7919
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d Total of balance and additions (add b and c(6))	7d	67712
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	53083	
(2) Administration charge made by carrier	7e(2)	418	
(3) Transferred to separate account	7e(3)	0	
(4) Other (specify below)	7e(4)	577	

▶ **NEGATIVE MARKET VALUE**

(5) Total deductions	7e(5)	54078
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f Balance at the end of the current year (subtract e(5) from d)	7f	13634
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Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

<div>A Name of plan</div> <div>FLAGLERCE HOLDINGS, L.L.C RETIRMENT SAVINGS PLAN</div>	<div>B Three-digit plan number (PN)</div> <div>▶</div> <div>001</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500</div> <div>FLAGLERCE HOLDINGS, L.L.C.</div>	<div>D Employer Identification Number (EIN)</div> <div>61-1559021</div>

Part I

Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

CARPENTER MORSE GROUP

59-2201638

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 16	TPA	22174	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

CARPENTER CLAYDON ADVISORS, INC

20-1974812

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51	INV ADVISOR	9912	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone:

Explanation:

<div>SCHEDULE D</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div>		<div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009					
A Name of plan FLAGLERCE HOLDINGS, L.L.C RETIRMENT SAVINGS PLAN				B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 FLAGLERCE HOLDINGS, L.L.C.				D Employer Identification Number (EIN) 61-1559021	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA					
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA					
c EIN-PN 01-0233346-000		d Entity code P		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4050828	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 10	

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan FLAGLERCE HOLDINGS, L.L.C RETIRMENT SAVINGS PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 FLAGLERCE HOLDINGS, L.L.C.	D Employer Identification Number (EIN) 61-1559021	

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	6734	6734
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	581735	365375
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	150893	214011
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)	3480088	3457808
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	59793	13634
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	4279243	4057562

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	1042	155
k Total liabilities (add all amounts in lines 1g through 1j)	1k	1042	155

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	4278201	4057407
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	115024	
(B) Participants	2a(1)(B)	420349	
(C) Others (including rollovers)	2a(1)(C)	16690	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		552063
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	-2335	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	7538	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		5203
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	941308	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		941308
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1498574

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1674614	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1674614
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		11768
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	22175	
(2) Contract administrator fees	2i(2)	816	
(3) Investment advisory and management fees	2i(3)	9913	
(4) Other	2i(4)	82	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		32986
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1719368

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-220794
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: GRANT THORNTON LLP

(2) EIN: 36-6055558

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

- 4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If yes, enter the amount of any plan assets that reverted to the employer this year ☐ Yes ☐ No Amount:

- 5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection.
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan <u>FLAGLERCE HOLDINGS, L.L.C RETIRMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>FLAGLERCE HOLDINGS, L.L.C.</u>	D Employer Identification Number (EIN) <u>61-1559021</u>

Part I	Distributions
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All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>01-0233346</u>	
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

- 19** If the total number of participants is 1,000 or more, complete items (a) through (c)

- a** Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate item 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____



Financial Statements, Supplemental Schedule and
Report of Independent Certified Public Accountants

FlaglerCE Holdings LLC Retirement
Savings Plan

December 31, 2009 and 2008

FlaglerCE Holdings LLC Retirement Savings Plan

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REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

Plan Administrator
FlaglerCE Holdings LLC Retirement Savings Plan:

We were engaged to audit the financial statements of **FlaglerCE Holdings LLC Retirement Savings Plan** (formerly Flagler Construction Equipment Retirement Savings Plan) (the Plan) as of December 31, 2009 and 2008 and for the year ended December 31, 2009, and the supplemental schedule as of December 31, 2009, as listed in the accompanying table of contents. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note D, which was certified by John Hancock Life Insurance Company (USA), the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2009 and 2008 that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America as established by the American Institute of Certified Public Accountants and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

GRANT THORNTON LLP

Tampa, Florida
October 15, 2010

FlaglerCE Holdings LLC Retirement Savings Plan

Statements of Net Assets Available for Benefits

As of December 31, 2009 and 2008

	<u>Assets</u>	<u>2009</u>	<u>2008</u>
Investments, at fair value:			
Guaranteed interest accounts		\$ 13,634	\$ 59,793
Money market fund		365,375	581,735
Pooled separate accounts		3,364,169	3,361,585
Mutual funds		93,640	118,503
Participant loans		214,011	150,893
Total investments		<u>4,050,829</u>	<u>4,272,509</u>
Employer contributions receivable		6,734	6,734
Total assets		<u>4,057,563</u>	<u>4,279,243</u>
	<u>Liabilities</u>		
Excess contributions payable		726	1,042
Net assets available for benefits		<u>\$4,056,837</u>	<u>\$4,278,201</u>

FlaglerCE Holdings LLC Retirement Savings Plan

Statement of Changes in Net Assets Available for Benefits For the Year Ended December 31, 2009

Increase to net assets attributed to:	
Net appreciation in fair value of investments	\$ 941,307
Interest income	5,203
Total investment income	<u>946,510</u>
Contributions:	
Participant	419,779
Employer	115,025
Rollover	16,690
Total contributions	<u>551,494</u>
Total increase	<u>1,498,004</u>
Deductions from net assets attributed to:	
Benefit payments	1,686,382
Administrative expenses	32,986
Total deductions	<u>1,719,368</u>
Net decrease in net assets available for benefits	(221,364)
Net assets available for benefits, beginning of year	<u>4,278,201</u>
Net assets available for benefits, end of year	<u><u>\$4,056,837</u></u>

The accompanying notes are an integral part of this financial statement.

FlaglerCE Holdings LLC Retirement Savings Plan

Notes to Financial Statements

December 31, 2009 and 2008

Note A – Description of Plan

As a result of employee layoffs and terminations of the Company, the Company has determined that a partial plan termination of the Plan occurred in 2009. All affected plan participants were fully vested in their accounts upon this determination. The impact of the partial plan termination resulted in immediate vesting of approximately \$3,100 plan assets.

General

The Plan was established by Flagler Construction Equipment, LLC on June 1, 2004 as a defined contribution plan. On December 31, 2008, the Plan was amended to change its name from Flagler Construction Equipment Retirement Savings Plan to FlaglerCE Holdings LLC Retirement Savings Plan and to cover substantially all employees of FlaglerCE Holdings, LLC and its subsidiaries, Flagler Construction Equipment, LLC and PennJersey Machinery, LLC (collectively, the Company), who have completed a minimum of three months of service and are at least 21 years of age. Eligible employees can enter into the Plan either on January 1 or July 1. Due to the acquisition of PennJersey Machinery, LLC in June 2008, certain eligible employees were allowed to enter the Plan on October 1, 2008. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Plan Administration

The Plan's assets are held and managed by John Hancock Life Insurance Company (USA) (the Trustee). Contributions are held by the Trustee, who invests cash received, interest and dividend income, as directed by participants and makes distributions to participants.

Contributions

Participants may contribute up to 100% of their pretax compensation, as defined in the Plan agreement, subject to certain limitations under the Internal Revenue Code (IRC). The maximum dollar amount that may be deferred is adjusted annually by the Internal Revenue Service (IRS). The amount of compensation that is deferred, plus any earnings or losses thereon, is not subject to federal income tax until the funds are actually distributed to the participant by the Plan. Participants who will be at least 50 years of age by the end of the Plan year are able to make catch-up elective deferral contributions up to the maximum allowable amounts.

The Company may elect to make discretionary matching and/or profit sharing contributions to the Plan in an amount determined by the Company. During the year ended December 31, 2009, the Company made matching contributions of 50% of participant contributions for the first 2% of annual compensation and 25% of participant contributions for the next 4% of annual compensation. No discretionary profit sharing contributions were made to the Plan during the year ended December 31, 2009.

Participant Accounts

Each participant's account is credited with the participant's contributions and an allocation of the Company's discretionary matching and/or profit sharing contributions. Each participant's account shall also be allocated earnings, gains, losses and expenses with respect to the investments of the participant's account. Allocations are based on participants' earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

FlaglerCE Holdings LLC Retirement Savings Plan

Notes to Financial Statements

December 31, 2009 and 2008

Vesting

Participants are immediately vested in their voluntary contributions plus or minus actual earnings or losses thereon. Vesting in the Company's discretionary matching and profit sharing contribution portion of their accounts, plus actual earnings or losses thereon, is based on years of continuous service as follows:

<u>Years of Service</u>	<u>Vested Percentage</u>
Less than 1 year	0%
1 year but less than 2	25%
2 years but less than 3	50%
3 years but less than 4	75%
4 years or more	100%

Investment Options

As of December 31, 2009, participants may direct contributions to any of the investment options offered by the Trustee, and change their investment elections daily by using telephone access or an online-system. Participants may change their elective deferrals at any time.

Payment of Benefits

Benefits under the Plan are payable upon retirement, death, disability, hardship or termination of service, and are based on the vested balance in the participant's account. Distributions of vested account balances are made in the form of a single lump-sum payment or in installments over a period of time, as defined by the Plan.

Forfeited Accounts

Forfeitures of the Company's discretionary matching and/or profit sharing contributions are first used to reduce administrative expenses with the remainder used to reduce Company matching contributions. During 2009, administrative expenses were reduced by approximately \$2,200 from forfeited non-vested accounts. As of December 31, 2009 and 2008, forfeited non-vested accounts totaled approximately \$10,300 and \$4,400, respectively. These accounts will be used to reduce future administrative expenses and Company contributions.

Participant Loans

Participants may borrow from their accounts up to an amount equal to the lesser of \$50,000 or 50 percent of their vested account balance. As of December 31, 2009, the participant loans bear interest ranging from 3.25% to 8.25% and have terms ranging from one to five years. The loans are collateralized by a security interest in the participant's vested account balance and are repayable through bi-weekly payroll deductions. For the year ended December 31, 2009, there was approximately \$11,800 of loan defaults reported as deemed distributions.

Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants would become 100% vested in their accounts and the net assets of the Plan would be allocated among the participants and beneficiaries of the Plan in the order provided by ERISA.

FlaglerCE Holdings LLC Retirement Savings Plan

Notes to Financial Statements

December 31, 2009 and 2008

As a result of employee layoffs and terminations at the Company, the Plan administrator has determined that a partial plan termination of the Plan occurred in 2009. All affected plan participants were fully vested in their accounts upon this determination. The impact of the partial plan termination resulted in immediate vesting of approximately \$3,100 of plan assets.

Note B – Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method accounting in conformity with accounting principles generally accepted in the United States of America (US GAAP).

Use of Estimates

The preparation of financial statements in conformity with US GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein and disclosure of contingent assets and liabilities. Actual results could differ from these estimates.

Investment Valuation and Income Recognition

The Plan's investments in guaranteed interest accounts are not considered benefit responsive as a result of a penalty, which would be imposed for early withdrawal. The Plan's investments in pooled separate accounts, guaranteed interest accounts, mutual funds and the money market fund are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Participant loans are valued at amortized cost (outstanding balance), which approximates fair value. See Note E for discussion of fair value measurement.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Payment of Benefits

Benefits paid to participants are recorded when paid.

Administrative Expenses

The Plan pays for all administrative expenses of maintaining the Plan.

Recent Accounting Pronouncement

In September 2010, the FASB issued guidance clarifying the classification and measurement of participant loans by defined contribution pension plans. The clarification requires participant loans of a defined contribution pension plan to be classified as notes receivable from participants and measured at their unpaid balance, plus any accrued but unpaid interest. Currently, participant loans are classified as investments and measured at fair value. The new guidance is effective for fiscal years ending after December 15, 2010 and must be applied retrospectively, with early adoption permitted. Plan management does not expect that the adoption of this new guidance will have a material impact on the Plan's net assets, as the fair value of the participant loans currently reported approximates the carrying value of the participant loans.

FlaglerCE Holdings LLC Retirement Savings Plan

Notes to Financial Statements

December 31, 2009 and 2008

Subsequent Events

Management has evaluated subsequent events for potential disclosure in or adjustment to the financial statements through October 15, 2010 the date that the accompanying financial statements were available to be issued. Based on such evaluation, no events have occurred that in the opinion of management warrant disclosure in or adjustment to the financial statements.

Note C – Investment Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, credit and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that at such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and statement of changes in net assets available for benefits.

Note D – Investments

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan Administrator instructed the auditors not to perform any auditing procedures with respect to the information certified by the Trustee, except for comparing such information to the related information included in the financial statements and supplemental schedule. The Plan Administrator has obtained a certification from the Trustee that the information provided to the Plan Administrator by the Trustee as of December 31, 2009 and 2008 and for the year ended December 31, 2009, is complete and accurate. Such information includes all investments, investment income and loss, and the information in the supplemental schedule of assets (held at end of year).

The following table presents the Plan investments that represent 5 percent or more of the Plan's net assets:

	December 31,	
	2009	2008
JH Lifestyle Fund – Aggressive Portfolio	\$277,743	\$210,460
JH Lifestyle Fund – Balanced Portfolio	752,135	688,306
JH Lifestyle Fund – Conservative Portfolio	307,239	294,146
JH Lifestyle Fund – Growth Portfolio	769,299	550,649
JH Lifestyle Fund – Moderate Portfolio	238,895	301,460
JH Money Market Fund	365,375	581,735
Participant Loans*	214,011	150,893

* This investment did not represent 5% or more of the Plan's net assets available for benefits as of December 31, 2008. Amount is represented for comparative purposes only.

FlaglerCE Holdings LLC Retirement Savings Plan

Notes to Financial Statements

December 31, 2009 and 2008

During the year ended December 31, 2009, the Plan's investments (including gains and losses on investments bought and sold, as well as those held during the year) appreciated (depreciated) in value as follows:

<u>Investments</u>	
Pooled separate accounts	\$918,217
Guaranteed interest accounts	(564)
Mutual funds	23,654
	<u>\$941,307</u>

Note E – Fair Value Measurements

The FASB Accounting Standard Codification provides a framework for measuring fair value. This framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of inputs may be used to measure fair value are described below:

- Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 – Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodology used for assets measured at fair value:

Pooled separate accounts, mutual funds and the money market fund – Valued at the net asset value of shares held by the Plan at year-end.

Guaranteed interest accounts – Valued at the amount Plan participants or the Plan Sponsor would receive currently if they were to withdraw or transfer funds within the Plan prior to maturity.

Participant loans – Valued at amortized cost, which approximates fair value.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different estimate of fair value at the reporting date.

FlaglerCE Holdings LLC Retirement Savings Plan

Notes to Financial Statements

December 31, 2009 and 2008

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2009 and 2008:

	December 31, 2009			
	Level 1	Level 2	Level 3	Total
Pooled separate accounts	\$ -	\$3,364,169	\$ -	\$3,364,169
Guaranteed interest accounts	-	-	13,634	13,634
Participant loans	-	-	214,011	214,011
Mutual funds	93,640	-	-	93,640
Money market fund	365,375	-	-	365,375
Total assets at fair value	<u>\$459,015</u>	<u>\$3,364,169</u>	<u>\$227,645</u>	<u>\$4,050,829</u>

	December 31, 2008			
	Level 1	Level 2	Level 3	Total
Pooled separate accounts	\$ -	\$3,361,585	\$ -	\$3,361,585
Guaranteed interest accounts	-	-	59,793	59,793
Participant loans	-	-	150,893	150,893
Mutual funds	118,503	-	-	118,503
Money market fund	581,735	-	-	581,735
Total assets at fair value	<u>\$700,238</u>	<u>\$3,361,585</u>	<u>\$210,686</u>	<u>\$4,272,509</u>

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2009:

	Guaranteed Interest Accounts	Participant Loans	Total
Balance, beginning of year	\$ 59,793	\$150,893	\$210,686
Purchases, issuances and settlements	(45,595)	63,118	17,523
Unrealized losses	(564)	-	(564)
Balance, end of year	<u>\$ 13,634</u>	<u>\$214,011</u>	<u>\$227,645</u>

Note F – Tax Status

The prototype plan on which the Plan is modeled has received a determination letter from the Internal Revenue Service dated January 31, 2006, stating that the Plan is qualified under Section 401(a) of the IRC and, therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified and the related trust is tax exempt.

FlaglerCE Holdings LLC Retirement Savings Plan

Notes to Financial Statements

December 31, 2009 and 2008

Note G – Party-in-Interest Transactions

Section 3(14) of ERISA defines a party-in-interest to include among others fiduciaries or employees of the Plan, any person who provides services to the Plan, or an employer whose employees are covered by the Plan. Certain plan investments are guaranteed interest accounts, money market funds, mutual funds and pooled separate accounts managed by the Trustee. Transactions related to these investments qualify as party-in-interest transactions. Fees paid to the Trustee by the Plan for services amounted to approximately \$800 during the year ended December 31, 2009.

Supplemental Schedule

FlaglerCE Holdings LLC Retirement Savings Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

As of December 31, 2009

(a)	(b) Identity of issuer or borrower/ (c) Description of investment	(e) Current value
	Guaranteed Interest Accounts	
*	Maturing December 31, 2009 at 3.75%	\$ 10,986
*	Maturing December 31, 2011 at 3.80%	2,648
		<u>13,634</u>
*	JII Money Market Fund	<u>365,375</u>
	Mutual Funds	
*	JII 500 Index Fund	15,312
*	JH All Cap Value Fund	653
*	JII Bridgeway Ultra-Small Company Market Fund	1,903
*	JH International Equity Index Fund	27,042
*	JII International Value Fund	1,428
*	JH Mid Cap Index Fund	4,202
*	JH Mid Cap Stock Fund	7,904
*	JII Mid Value Fund	6,023
*	JII Optimized All Cap Fund	1,223
*	JH Optimized Value Fund	1,985
*	JH Science & Technology Fund	14,777
*	JH Small Cap Index Fund	3,170
*	JII Small Cap Value Index Fund	4,005
*	JH Total Stock Market Index Fund	4,013
		<u>93,640</u>
	Pooled Separate Accounts	
	ATM Small Cap Growth Fund	11,041
*	JII All Cap Growth Fund	1,572
	American Balanced Fund	6,549
	American Century Vista Fund	19,336
	BlackRock Large Cap Value Fund	14,763
*	JH Blue Chip Growth Fund	19,663
*	JII Capital Appreciation Fund	10,104
	Columbia Value and Restructuring Fund	33,338
	Davis Financial Fund	8,323
	Davis New York Venture Fund	10,288
	DFA Emerging Markets Value Fund	50,900
	DFA International Value Fund	2,851
	Energy Fund	70,254
	EuroPacific Growth Fund	55,700
	Explorer Fund	3,106
	Franklin Small-Mid Cap Growth Fund	905
*	JH International Growth Fund	7,282

FlaglerCE Holdings LLC Retirement Savings Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (continued)
As of December 31, 2009

(a)	(b) Identity of issuer or borrower/ (c) Description of investment	(c) Current value
*	JH International Opportunities Fund	947
*	JH International Small Cap Fund	7,267
	Jennison Growth Fund	1,026
*	JH John Hancock Strategic Income Fund	43,449
*	JH Large Cap Fund	3,195
	Legg Partners Aggressive Growth Fund	5,218
	Legg Mason Partners Global High Yield Bond	16,602
*	JH Lifecycle Fund - 2015 Portfolio	69,972
*	JH Lifecycle Fund - 2020 Portfolio	14,134
*	JH Lifecycle Fund - 2025 Portfolio	20,951
*	JH Lifecycle Fund - 2030 Portfolio	113,184
*	JH Lifecycle Fund - 2035 Portfolio	877
*	JH Lifecycle Fund - 2040 Portfolio	9,781
*	JH Lifecycle Fund - 2045 Portfolio	32,292
*	JH Lifestyle Fund - Aggressive Portfolio	277,743
*	JH Lifestyle Fund - Balanced Portfolio	752,135
*	JH Lifestyle Fund - Conservative Portfolio	307,239
*	JH Lifestyle Fund - Growth Portfolio	769,299
*	JH Lifestyle Fund - Moderate Portfolio	238,895
	MFS Utilities Fund	13,796
	Mutual Beacon Fund	16,504
	Mutual Discovery Fund	26,407
	Oppenheimer Developing Markets Fund	23,409
	Oppenheimer Global Fund	14,700
	PIMCO All Asset Fund	3,819
	PIMCO Global Bond Fund	1,302
	PIMCO Real Return Fund	2,088
	PIMCO Total Return Fund	19,189
*	JH Real Estate Securities Fund	59,553
	Royce Opportunity Fund	4,186
	Short-Term Federal Fund	28,478
	Small Cap Growth Index Fund	10,832
	The Growth Fund of America	8,837
	The Investment Company of America	17,641
	T. Rowe Price Equity Income Fund	25,404
	T. Rowe Price Health Sciences Fund	16,390
	T. Rowe Price Small Cap Value Fund	1,726
	T. Rowe Price Spectrum Income Fund	6,363
	Templeton World Fund	11,987
	Washington Mutual Investors Fund	41,377
		<u>3,364,169</u>

FlaglerCE Holdings LLC Retirement Savings Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (continued)
As of December 31, 2009

(a)	(b) Identity of issuer or borrower/ (c) Description of investment	(c) Current value
	Participant Loans	
	Participant loans collateralized by vested account balances, principal and interest repayable through bi-weekly payroll deductions, with loan in terms ranging from one to five years, bearing interest ranging from 3.25% to 8.25%.	214,011
	Total investments	<u>\$4,050,829</u>
*	Managed by John Hancock Life Insurance Company (USA), a party-in-interest.	

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2009</div> This Form is Open to Public Inspection
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Part I Annual Report Identification Information			
For calendar plan year 2009 or fiscal plan year beginning		01/01/2009	and ending
			12/31/2009
A This return/report is for:	☐ a multiemployer plan;	☐ a multiple-employer plan; or	☒ a single-employer plan;
	☒ a DFE (specify) ____		
B This return/report is:	☐ the first return/report;	☐ the final return/report;	
	☐ an amended return/report;	☐ a short plan year return/report (less than 12 months).	
C If the plan is a collectively-bargained plan, check here.	☐		
D Check box if filing under:	☒ Form 5558;	☐ automatic extension;	☐ the DFVC program;
	☐ special extension (enter description)		

Part II Basic Plan Information—enter all requested information			
1a Name of plan FLAGLERCE HOLDINGS, L.L.C RETIRMENT SAVINGS PLAN	1b Three-digit plan number (PN) ▶	001	
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) FLAGLERCE HOLDINGS, L.L.C. 4700 MILLENIA BLVD STE 500 ORLANDO FL 32839	1c Effective date of plan 07/01/2004	2b Employer Identification Number (EIN) 61-1559021	2c Sponsor's telephone number (407) 659-8700
		2d Business code (see instructions) 444190	

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE		10/12/10	MARK MCDONELL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/12/10	MARK MCDONELL
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE		10/12/10	MARK MCDONELL
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2009)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") SAME		3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 30px; width: 100%;"></div>	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name FLAGLER CONSTRUCTION EQUIPMENT		4b EIN 26-0079832 4c PN 001	
5 Total number of participants at the beginning of the plan year		5	280
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d).			
a Active participants.....		6a	172
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits.....		6c	53
d Subtotal. Add lines 6a, 6b, and 6c.....		6d	225
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....		6e	0
f Total. Add lines 6d and 6e.....		6f	225
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g	160
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h	15
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: X 2E 2F 2G 2J 2K 2A			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information - Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan FLAGLERCE HOLDINGS, L.L.C. RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ►	001
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C Plan sponsor's name as shown on line 2a of Form 5500. FLAGLERCE HOLDINGS, L.L.C.	D Employer Identification Number (EIN) 61-1559021
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Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier

JOHN HANCOCK USA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
01-0233346	65838	56311	184	01/01/2009	12/31/2009

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	32,170

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

CARPENTER MORSE GROUP
834 N. HIGHLAND AVENUE

ORLANDO

FL 32803

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	22,175	TPA FEES	5

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

CARPENTER, CLAYDON ADVISORS
834 N. HIGHLAND AVENUE

ORLANDO

FL 32803

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	9,913	RIA FEES	7

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

VANGUARD GROUP, INC.

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	82	REDEMPTION FEES	6

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

UBS GLOBAL ASSET MANAGEMENT

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
			6

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

PACIFIC INVESTMENT MANAGEMENT COMPA

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
			6

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

ALLIANZ GLOBAL INVESTORS FUND MGT L

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
			6

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	13,634
5 Current value of plan's interest under this contract in separate accounts at year end	5	3,823,183

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount..... Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☒ guaranteed investment (4) ☐ other ▶ GROUP ANNUITY CONTRACT

b Balance at the end of the previous year	7b	59,793
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c Additions: (1) Contributions deposited during the year	7c(1)	4,884	
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	521	
(4) Transferred from separate account	7c(4)	2,173	
(5) Other (specify below)..... ▶ LOAN REPAYMENTS POSITIVE MARKET VALUE	7c(5)	341	

(6) Total additions	7c(6)	7,919
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d Total of balance and additions (add b and c(6)).	7d	67,712
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	53,083	
(2) Administration charge made by carrier	7e(2)	418	
(3) Transferred to separate account	7e(3)	0	
(4) Other (specify below)..... ▶ NEGATIVE MARKET VALUE	7e(4)	577	

(5) Total deductions	7e(5)	54,078
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f Balance at the end of the current year (subtract e(5) from d)	7f	13,634
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Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.....	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2009 <hr/> This Form is Open to Public Inspection.
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan FLAGLERCE HOLDINGS, L.L.C. RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 FLAGLERCE HOLDINGS, L.L.C.	D Employer Identification Number (EIN) 61-1559021	

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

CARPENTER MORSE GROUP
59-2201638

(b) Service Code(s) 15 16

(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
TPA	22,174	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

CARPENTER CLAYDON ADVISORS, INC
20-1974812

(b) Service Code(s) 27 51

(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
INV ADVISOR	9,912	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)

(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
		Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)

(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
		Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)

(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
		Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)

(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
		Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2009</div> This Form is Open to Public Inspection.
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan FLAGLERCE HOLDINGS, L.L.C. RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ► <u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 FLAGLERCE HOLDINGS, L.L.C.	D Employer Identification Number (EIN) 61-1559021

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
--------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK USA

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN <u>01-0233346 000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4,050,828
---------------------------------------	-------------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan FLAGLERCE HOLDINGS, L.L.C. RETIREMENT SAVINGS PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 FLAGLERCE HOLDINGS, L.L.C.		D Employer Identification Number (EIN) 61-1559021

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1	Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
	Assets			
a	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	6,734	6,734
	(2) Participant contributions	1b(2)		
	(3) Other	1b(3)		
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	581,735	365,375
	(2) U.S. Government securities	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)	150,893	214,011
	(9) Value of interest in common/collective trusts	1c(9)		
	(10) Value of interest in pooled separate accounts	1c(10)	3,480,088	3,457,808
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
	(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	59,793	13,634
	(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	4,279,243	4,057,562

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities.....	1j	1,042	155
k Total liabilities (add all amounts in lines 1g through 1j)	1k	1,042	155

Net Assets

l Net assets (subtract line 1k from line 1f).....	1l	4,278,201	4,057,407
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	115,024	
(B) Participants	2a(1)(B)	420,349	
(C) Others (including rollovers)	2a(1)(C)	16,690	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		552,063
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	(2,335)	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	7,538	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		5,203
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	941,308	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		941,308
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1,498,574

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1,674,614	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		1,674,614
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		11,768
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	22,175	
(2) Contract administrator fees.....	2i(2)	816	
(3) Investment advisory and management fees.....	2i(3)	9,913	
(4) Other.....	2i(4)	82	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		32,986
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1,719,368

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		(220,794)
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):
 (1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:
 (1) Name: GRANT THORNTON LLP (2) EIN: 36-6055558

d The opinion of an independent qualified public accountant is not attached because:
 (1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

- 4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500,000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If yes, enter the amount of any plan assets that reverted to the employer this year ☐ Yes ☐ No Amount:

- 5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name FLAGLERCE HOLDINGS, L.L.C. RETIREMENT SAVINGS PLAN

EIN: 61-1559021

Plan Sponsor's Name FLAGLERCE HOLDINGS, L.L.C.

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
*	MATURING DECEMBER 31, 2009	AT 3.75%		10,986
*	MATURING DECEMBER 31, 2011	AT 3.80%		2,648
*	JH 500 INDEX FUND	JH 500 INDEX FUND		15,312
*	JH ALL CAP VALUE FUND	JH ALL CAP VALUE FUND		653
*	JH BRIDGEWAY ULTRA-SMALL COMPANY	JH BRIDGEWAY ULTRA-SMALL COMPANY MARKET FUND		1,903
*	JH INTERNATIONAL EQUITY INDEX FUND	JH INTERNATIONAL EQUITY INDEX FUND		27,042
*	JH INTERNATIONAL VALUE FUND	JH INTERNATIONAL VALUE FUND		1,428

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name FLAGLERCE HOLDINGS, L.L.C. RETIREMENT SAVINGS PLAN

EIN: 61-1559021

Plan Sponsor's Name FLAGLERCE HOLDINGS, L.L.C.

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
		JH MID CAP INDEX FUND		
*	JH MID CAP INDEX FUND			4,202
		JH MID CAP STOCK FUND		
*	JH MID CAP STOCK FUND			7,904
		JH MID VALUE FUND		
*	JH MID VALUE FUND			6,023
		JH OPTIMIZED ALL CAP FUND		
*	JH OPTIMIZED ALL CAP FUND			1,223
		JH OPTIMIZED VALUE FUND		
*	JH OPTIMIZED VALUE FUND			1,985
		JH SCIENCE & TECHNOLOGY FUND		
*	JH SCIENCE & TECHNOLOGY FUND			14,777
		JH SMALL CAP INDEX FUND		
*	JH SMALL CAP INDEX FUND			3,170

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name FLAGLERCE HOLDINGS, L.L.C. RETIREMENT SAVINGS PLAN

EIN: 61-1559021

Plan Sponsor's Name FLAGLERCE HOLDINGS, L.L.C.

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
		JH SMALL CAP VALUE INDEX FUND		
*	JH SMALL CAP VALUE INDEX FUND			4,005
		JH TOTAL STOCK MARKET INDEX FUND		
*	JH TOTAL STOCK MARKET INDEX FUND			4,013
		AIM SMALL CAP GROWTH FUND		
	AIM SMALL CAP GROWTH FUND			6,549
		JH ALL CAP GROWTH FUND		
*	JH ALL CAP GROWTH FUND			1,572
		AMERICAN BALANCED FUND		
	AMERICAN BALANCED FUND			6,549
		AMERICAN CENTURY VISTA FUND		
	AMERICAN CENTURY VISTA FUND			19,336
		BLACKROCK LARGE CAP VALUE FUND		
	BLACKROCK LARGE CAP VALUE FUND			14,763

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name FLAGLERCE HOLDINGS, L.L.C. RETIREMENT SAVINGS PLAN

EIN: 61-1559021

Plan Sponsor's Name FLAGLERCE HOLDINGS, L.L.C.

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
		JH BLUE CHIP GROWTH FUND		
*	JH BLUE CHIP GROWTH FUND			19,663
		JH CAPITAL APPRECIATION FUND		
*	JH CAPITAL APPRECIATION FUND			10,104
		COLUMBIA VALUE AND RESTRUCTURING FUND		
	COLOMBIA VALUE AND RESTRUCTURING FU			33,338
		DAVIS FINANCIAL FUND		
	DAVIS FINANCIAL FUND			8,323
		DAVIS NEW YORK VENTURE FUND		
	DAVIS NEW YORK VENTURE FUND			10,288
		DFA EMERGING MARKETS VALUE FUND		
	DFA EMERGING MARKETS VALUE FUND			50,900
		DFA INTERNATIONAL VALUE FUND		
	DFA INTERNATIONAL VALUE FUND			2,851

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name FLAGLERCE HOLDINGS, L.L.C. RETIREMENT SAVINGS PLAN

EIN: 61-1559021

Plan Sponsor's Name FLAGLERCE HOLDINGS, L.L.C.

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	ENERGY FUND	ENERGY FUND		70,254
	EUROPACIFIC GROWTH FUND	EUROPACIFIC GROWTH FUND		55,700
	EXPLORER FUND	EXPLORER FUND		3,106
	FRANKLIN SMALL-MID CAP GROWTH FUND	FRANKLIN SMALL-MID CAP GROWTH FUND		905
*	JH INTERNATIONAL GROWTH FUND	JH INTERNATIONAL GROWTH FUND		7,282
*	JH INTERNATIONAL OPPORTUNITIES FUND	JH INTERNATIONAL OPPORTUNITIES FUND		947
*	JH INTERNATIONAL SMALL CAP FUND	JH INTERNATIONAL SMALL CAP FUND		7,267

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name FLAGLERCE HOLDINGS, L.L.C. RETIREMENT SAVINGS PLAN

EIN: 61-1559021

Plan Sponsor's Name FLAGLERCE HOLDINGS, L.L.C.

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	JENNISON GROWTH FUND	JENNISON GROWTH FUND		1,026
*	JH JOHN HANCOCK STRATEGIC INCOME FU	JH JOHN HANCOCK STRATEGIC INCOME FUND		43,449
*	JH LARGE CAP FUND	JH LARGE CAP FUND		3,195
	LEGG PARTNERS AGGRESSIVE GROWTH FUN	LEGG PARTNERS AGGRESSIVE GROWTH FUND		5,218
	LEGG MASON PARTNERS GLOBAL HIGH YIE	LEGG MASON PARTNERS GLOBAL HIGH YIELD BOND		16,602
*	JH LIFECYCLE FUND - 2015 PORTFOLIO	JH LIFECYCLE FUND - 2015 PORTFOLIO		69,972
*	JH LIFECYCLE FUND - 2020 PORTFOLIO	JH LIFECYCLE FUND - 2020 PORTFOLIO		14,134

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name FLAGLERCE HOLDINGS, L.L.C. RETIREMENT SAVINGS PLAN

EIN: 61-1559021

Plan Sponsor's Name FLAGLERCE HOLDINGS, L.L.C.

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
		JH LIFECYCLE FUND - 2025 PORTFOLIO		
*	JH LIFECYCLE FUND - 2025 PORTFOLIO			20,951
		JH LIFECYCLE FUND - 2030 PORTFOLIO		
*	JH LIFECYCLE FUND - 2030 PORTFOLIO			113,184
		JH LIFECYCLE FUND - 2035 PORTFOLIO		
*	JH LIFECYCLE FUND - 2035 PORTFOLIO			877
		JH LIFECYCLE FUND - 2040 PORTFOLIO		
*	JH LIFECYCLE FUND - 2040 PORTFOLIO			9,781
		JH LIFECYCLE FUND - 2045 PORTFOLIO		
*	JH LIFECYCLE FUND - 2045 PORTFOLIO			32,292
		JH LIFESTYLE FUND - AGGRESSIVE PORTFOLIO		
*	JH LIFESTYLE FUND - AGGRESSIVE PORT			277,743
		JH LIFESTYLE FUND - BALANCE PORTFOLIO		
*	JH LIFESTYLE FUND - BALANCED PORT			752,135

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name FLAGLERCE HOLDINGS, L.L.C. RETIREMENT SAVINGS PLAN

EIN: 61-1559021

Plan Sponsor's Name FLAGLERCE HOLDINGS, L.L.C.

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
		JH LIFESTYLE FUND - CONSERVATIVE PORTFOLIO		
*	JH LIFESTYLE FUND - CONSERVATIVE			307,239
		JH LIFESTYLE FUND - GROWTH PORTFOLIO		
*	JH LIFESTYLE FUND - GROWTH PORTFOLIO			769,299
		JH LIFESTYLE FUND - MODERATE PORTFOLIO		
*	JH LIFESTYLE FUND - MODERATE PORTFO			238,895
		MFS UTILITIES FUND		
	MFS UTILITIES FUND			13,796
		MUTUAL BEACON FUND		
	MUTUAL BEACON FUND			16,504
		MUTUAL DISCOVERY FUND		
	MUTUAL DISCOVERY FUND			26,407
		OPPENHEIMER DEVELOPING MARKETS FUND		
	OPPENHEIMER DEVELOPING MARKETS FUND			23,409

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name FLAGLERCE HOLDINGS, L.L.C. RETIREMENT SAVINGS PLAN

EIN: 61-1559021

Plan Sponsor's Name FLAGLERCE HOLDINGS, L.L.C.

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	OPPENHEIMER GLOBAL FUND	OPPENHEIMER GLOBAL FUND		14,700
	PIMCO ALL ASSET FUND	PIMCO ALL ASSET FUND		3,819
	PIMCO GLOBAL BOND FUND	PIMCO GLOBAL BOND FUND		1,302
	PIMCO REAL RETURN FUND	PIMCO REAL RETURN FUND		2,088
	PIMCO TOTAL RETURN FUND	PIMCO TOTAL RETURN FUND		19,189
*	JH REAL ESTATE SECURITIES FUND	JH REAL ESTATE SECURITIES FUND		59,553
	ROYCE OPPORTUNITY FUND	ROYCE OPPORTUNITY FUND		4,186

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name FLAGLERCE HOLDINGS, L.L.C. RETIREMENT SAVINGS PLAN

EIN: 61-1559021

Plan Sponsor's Name FLAGLERCE HOLDINGS, L.L.C.

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	SHORT-TERM FEDERAL FUND	SHORT-TERM FEDERAL FUND		28,478
	SMALL CAP GROWTH INDEX FUND	SMALL CAP GROWTH INDEX FUND		10,832
	THE GROWTH FUND OF AMERICA	THE GROWTH FUND OF AMERICA		8,837
	THE INVESTMENT COMPANY OF AMERICA	THE INVESTMENT COMPANY OF AMERICA		17,641
	T. ROWE PRICE EQUITY INCOME FUND	T. ROWE PRICE EQUITY INCOME FUND		25,404
	T. ROWE PRICE HEALTH SCIENCES FUND	T. ROWE PRICE HEALTH SCIENCES FUND		16,390
	T. ROWE PRICE SMALL CAP VALUE FUND	T. ROWE PRICE SMALL CAP VALUE FUND		1,726

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name FLAGLERCE HOLDINGS, L.L.C. RETIREMENT SAVINGS PLAN

EIN: 61-1559021

Plan Sponsor's Name FLAGLERCE HOLDINGS, L.L.C.

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	T. ROWE PRICE SPECTRUM INCOME FUND	T. ROWE PRICE SPECTRUM INCOME FUND		6,363
	TEMPLETON WORLD FUND	TEMPLETON WORLD FUND		11,987
	WASHINGTON MUTUAL INVESTORS FUND	WASHINGTON MUTUAL INVESTORS FUND		41,377
	PARTICIPANT LOANS	COLLATERALIZED BY VESTED ACCOUNT BALANCES, PRINCIPAL AND INTEREST REPAYABLE THROUGH BI-WEEKLY PAYROLL DEDUCTIONS, WITH LOAN IN TERMS RANGING FROM 1 TO 5 YEARS, BEARING INTEREST RANGING FROM 3.25% TO 8.25%		214,011

SCHEDULE R
(Form 5500)Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan InformationThis schedule is required to be filed under section 104 and 4065 of the
Employee Retirement Income Security Act of 1974 (ERISA) and section
6058(a) of the Internal Revenue Code (the Code).▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009**This Form is Open to Public
Inspection.**For calendar plan year 2009 or fiscal plan year beginning **01/01/2009** and ending **12/31/2009**

A Name of plan FLAGLERCE HOLDINGS, L.L.C. RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 FLAGLERCE HOLDINGS, L.L.C.	D Employer Identification Number (EIN) 61-1559021

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 01-0233346 Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year.....	6a		
b Enter the amount contributed by the employer to the plan for this plan year.....	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

- 19** If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name FLAGLERCE HOLDINGS, L.L.C. RETIREMENT SAVINGS PLAN

EIN: 61-1559021

Plan Sponsor's Name FLAGLERCE HOLDINGS, L.L.C.

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
*	MATURING DECEMBER 31, 2009	AT 3.75%		10,986
*	MATURING DECEMBER 31, 2011	AT 3.80%		2,648
*	JH 500 INDEX FUND	JH 500 INDEX FUND		15,312
*	JH ALL CAP VALUE FUND	JH ALL CAP VALUE FUND		653
*	JH BRIDGEWAY ULTRA-SMALL COMPANY	JH BRIDGEWAY ULTRA-SMALL COMPANY MARKET FUND		1,903
*	JH INTERNATIONAL EQUITY INDEX FUND	JH INTERNATIONAL EQUITY INDEX FUND		27,042
*	JH INTERNATIONAL VALUE FUND	JH INTERNATIONAL VALUE FUND		1,428

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name FLAGLERCE HOLDINGS, L.L.C. RETIREMENT SAVINGS PLAN

EIN: 61-1559021

Plan Sponsor's Name FLAGLERCE HOLDINGS, L.L.C.

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
*	JH MID CAP INDEX FUND	JH MID CAP INDEX FUND		4,202
*	JH MID CAP STOCK FUND	JH MID CAP STOCK FUND		7,904
*	JH MID VALUE FUND	JH MID VALUE FUND		6,023
*	JH OPTIMIZED ALL CAP FUND	JH OPTIMIZED ALL CAP FUND		1,223
*	JH OPTIMIZED VALUE FUND	JH OPTIMIZED VALUE FUND		1,985
*	JH SCIENCE & TECHNOLOGY FUND	JH SCIENCE & TECHNOLOGY FUND		14,777
*	JH SMALL CAP INDEX FUND	JH SMALL CAP INDEX FUND		3,170

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name FLAGLERCE HOLDINGS, L.L.C. RETIREMENT SAVINGS PLAN

EIN: 61-1559021

Plan Sponsor's Name FLAGLERCE HOLDINGS, L.L.C.

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
*	JH SMALL CAP VALUE INDEX FUND	JH SMALL CAP VALUE INDEX FUND		4,005
*	JH TOTAL STOCK MARKET INDEX FUND	JH TOTAL STOCK MARKET INDEX FUND		4,013
	AIM SMALL CAP GROWTH FUND	AIM SMALL CAP GROWTH FUND		6,549
*	JH ALL CAP GROWTH FUND	JH ALL CAP GROWTH FUND		1,572
	AMERICAN BALANCED FUND	AMERICAN BALANCED FUND		6,549
	AMERICAN CENTURY VISTA FUND	AMERICAN CENTURY VISTA FUND		19,336
	BLACKROCK LARGE CAP VALUE FUND	BLACKROCK LARGE CAP VALUE FUND		14,763

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name FLAGLERCE HOLDINGS, L.L.C. RETIREMENT SAVINGS PLAN

EIN: 61-1559021

Plan Sponsor's Name FLAGLERCE HOLDINGS, L.L.C.

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
*	JH BLUE CHIP GROWTH FUND	JH BLUE CHIP GROWTH FUND		19,663
*	JH CAPITAL APPRECIATION FUND	JH CAPITAL APPRECIATION FUND		10,104
	COLOMBIA VALUE AND RESTRUCTURING FU	COLUMBIA VALUE AND RESTRUCTURING FUND		33,338
	DAVIS FINANCIAL FUND	DAVIS FINANCIAL FUND		8,323
	DAVIS NEW YORK VENTURE FUND	DAVIS NEW YORK VENTURE FUND		10,288
	DFA EMERGING MARKETS VALUE FUND	DFA EMERGING MARKETS VALUE FUND		50,900
	DFA INTERNATIONAL VALUE FUND	DFA INTERNATIONAL VALUE FUND		2,851

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name FLAGLERCE HOLDINGS, L.L.C. RETIREMENT SAVINGS PLAN

EIN: 61-1559021

Plan Sponsor's Name FLAGLERCE HOLDINGS, L.L.C.

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	ENERGY FUND	ENERGY FUND		70,254
	EUROPACIFIC GROWTH FUND	EUROPACIFIC GROWTH FUND		55,700
	EXPLORER FUND	EXPLORER FUND		3,106
	FRANKLIN SMALL-MID CAP GROWTH FUND	FRANKLIN SMALL-MID CAP GROWTH FUND		905
*	JH INTERNATIONAL GROWTH FUND	JH INTERNATIONAL GROWTH FUND		7,282
*	JH INTERNATIONAL OPPORTUNITIES FUND	JH INTERNATIONAL OPPORTUNITIES FUND		947
*	JH INTERNATIONAL SMALL CAP FUND	JH INTERNATIONAL SMALL CAP FUND		7,267

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name FLAGLERCE HOLDINGS, L.L.C. RETIREMENT SAVINGS PLAN

EIN: 61-1559021

Plan Sponsor's Name FLAGLERCE HOLDINGS, L.L.C.

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	JENNISON GROWTH FUND	JENNISON GROWTH FUND		1,026
*	JH JOHN HANCOCK STRATEGIC INCOME FU	JH JOHN HANCOCK STRATEGIC INCOME FUND		43,449
*	JH LARGE CAP FUND	JH LARGE CAP FUND		3,195
	LEGG PARTNERS AGGRESSIVE GROWTH FUN	LEGG PARTNERS AGGRESSIVE GROWTH FUND		5,218
	LEGG MASON PARTNERS GLOBAL HIGH YIE	LEGG MASON PARTNERS GLOBAL HIGH YIELD BOND		16,602
*	JH LIFECYCLE FUND - 2015 PORTFOLIO	JH LIFECYCLE FUND - 2015 PORTFOLIO		69,972
*	JH LIFECYCLE FUND - 2020 PORTFOLIO	JH LIFECYCLE FUND - 2020 PORTFOLIO		14,134

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name FLAGLERCE HOLDINGS, L.L.C. RETIREMENT SAVINGS PLAN

EIN: 61-1559021

Plan Sponsor's Name FLAGLERCE HOLDINGS, L.L.C.

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
*	JH LIFECYCLE FUND - 2025 PORTFOLIO	JH LIFECYCLE FUND - 2025 PORTFOLIO		20,951
*	JH LIFECYCLE FUND - 2030 PORTFOLIO	JH LIFECYCLE FUND - 2030 PORTFOLIO		113,184
*	JH LIFECYCLE FUND - 2035 PORTFOLIO	JH LIFECYCLE FUND - 2035 PORTFOLIO		877
*	JH LIFECYCLE FUND - 2040 PORTFOLIO	JH LIFECYCLE FUND - 2040 PORTFOLIO		9,781
*	JH LIFECYCLE FUND - 2045 PORTFOLIO	JH LIFECYCLE FUND - 2045 PORTFOLIO		32,292
*	JH LIFESTYLE FUND - AGGRESSIVE PORT	JH LIFESTYLE FUND - AGGRESSIVE PORTFOLIO		277,743
*	JH LIFESTYLE FUND - BALANCED PORT	JH LIFESTYLE FUND - BALANCE PORTFOLIO		752,135

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name FLAGLERCE HOLDINGS, L.L.C. RETIREMENT SAVINGS PLAN

EIN: 61-1559021

Plan Sponsor's Name FLAGLERCE HOLDINGS, L.L.C.

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
*	JH LIFESTYLE FUND - CONSERVATIVE	JH LIFESTYLE FUND - CONSERVATIVE PORTFOLIO		307,239
*	JH LIFESTYLE FUND - GROWTH	JH LIFESTYLE FUND - GROWTH PORTFOLIO		769,299
*	JH LIFESTYLE FUND - MODERATE	JH LIFESTYLE FUND - MODERATE PORTFOLIO		238,895
	MFS UTILITIES FUND	MFS UTILITIES FUND		13,796
	MUTUAL BEACON FUND	MUTUAL BEACON FUND		16,504
	MUTUAL DISCOVERY FUND	MUTUAL DISCOVERY FUND		26,407
	OPPENHEIMER DEVELOPING MARKETS FUND	OPPENHEIMER DEVELOPING MARKETS FUND		23,409

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name FLAGLERCE HOLDINGS, L.L.C. RETIREMENT SAVINGS PLAN

EIN: 61-1559021

Plan Sponsor's Name FLAGLERCE HOLDINGS, L.L.C.

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	OPPENHEIMER GLOBAL FUND	OPPENHEIMER GLOBAL FUND		14,700
	PIMCO ALL ASSET FUND	PIMCO ALL ASSET FUND		3,819
	PIMCO GLOBAL BOND FUND	PIMCO GLOBAL BOND FUND		1,302
	PIMCO REAL RETURN FUND	PIMCO REAL RETURN FUND		2,088
	PIMCO TOTAL RETURN FUND	PIMCO TOTAL RETURN FUND		19,189
*	JH REAL ESTATE SECURITIES FUND	JH REAL ESTATE SECURITIES FUND		59,553
	ROYCE OPPORTUNITY FUND	ROYCE OPPORTUNITY FUND		4,186

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name FLAGLERCE HOLDINGS, L.L.C. RETIREMENT SAVINGS PLAN

EIN: 61-1559021

Plan Sponsor's Name FLAGLERCE HOLDINGS, L.L.C.

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	SHORT-TERM FEDERAL FUND	SHORT-TERM FEDERAL FUND		28,478
	SMALL CAP GROWTH INDEX FUND	SMALL CAP GROWTH INDEX FUND		10,832
	THE GROWTH FUND OF AMERICA	THE GROWTH FUND OF AMERICA		8,837
	THE INVESTMENT COMPANY OF AMERICA	THE INVESTMENT COMPANY OF AMERICA		17,641
	T. ROWE PRICE EQUITY INCOME FUND	T. ROWE PRICE EQUITY INCOME FUND		25,404
	T. ROWE PRICE HEALTH SCIENCES FUND	T. ROWE PRICE HEALTH SCIENCES FUND		16,390
	T. ROWE PRICE SMALL CAP VALUE FUND	T. ROWE PRICE SMALL CAP VALUE FUND		1,726

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name FLAGLERCE HOLDINGS, L.L.C. RETIREMENT SAVINGS PLAN

EIN: 61-1559021

Plan Sponsor's Name FLAGLERCE HOLDINGS, L.L.C.

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	T. ROWE PRICE SPECTRUM INCOME FUND	T. ROWE PRICE SPECTRUM INCOME FUND		6,363
	TEMPLETON WORLD FUND	TEMPLETON WORLD FUND		11,987
	WASHINGTON MUTUAL INVESTORS FUND	WASHINGTON MUTUAL INVESTORS FUND		41,377
	PARTICIPANT LOANS	COLLATERALIZED BY VESTED ACCOUNT BALANCES, PRINCIPAL AND INTEREST REPAYABLE THROUGH BI-WEEKLY PAYROLL DEDUCTIONS, WITH LOAN IN TERMS RANGING FROM 1 TO 5 YEARS, BEARING INTEREST RANGING FROM 3.25% TO 8.25%		214,011