

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

08 FEB 29 PM 4:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02182008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L00000009155 1. Entity Name FLAMINGO ENERGY COMPANY, LLC					
Principal Place of Business 40 PALM AVENUE, PALM ISLAND MIAMI BEACH, FL 33139			Mailing Address 1221 BRICKELL AVENUE ATTN: SHEP KING MIAMI, FL 33131		
2. Principal Place of Business - No P.O. Box # 7315 S.W. 87th Ave. Suite, Apt. #, etc. Suite 200 City & State Miami, FL Zip 33173		3. Mailing Address c/o Anthony Wolpert Suite, Apt. #, etc. 7315 S.W. 87th Ave. City & State Suite 200, Miami, FL Zip 33173			
Country USA		Country USA			
6. Name and Address of Current Registered Agent CORPDIRECT AGENTS, INC. 515 E. PARK AVE. TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>X</u> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAMPOLLO, RAMON C/O 1221 BRICKELL AVENUE MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Campollo, Ramon 7315 S.W. 87th Ave. Suite 200 Miami, FL 33173	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAMPOLLO, RICARDO C/O 1221 BRICKELL AVENUE MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Campollo, Ricardo 7315 S.W. 87th Ave. Suite 200 Miami, FL 33173	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAMPOLLO DE GARCIA, ROSA MARIA C/O 1221 BRICKEL AVENUE MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Campollo de Garcia, Rosa Maria 7315 S.W. 87th Ave. Suite 200 Miami, FL 33173	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RICHTER, BRAIN E C/O 1221 BRICKEL AVENUE MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Richter, Brian 7315 S.W. 87th Ave. Suite 200 Miami, FL 33173	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STRACHAN, HARRY C/O 1221 BRICKEL AVENUE MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Strachan, Harry 7315 S.W. 87th Ave. Suite 200 Miami, FL 33173	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> 400119931574 03/11/08--01010--008 **138.75 </div>				
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
<small>Date</small> _____ <small>Daytime Phone #</small> _____					