


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 22, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L01000015349 1. Entity Name FLAMINGO PETROLEUM, LLC	
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Principal Place of Business 4780 N.W. 128TH STREET ROAD OPA LOCKA, FL 33054	Mailing Address 4780 N.W. 128TH STREET ROAD OPA LOCKA, FL 33054
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**DO NOT WRITE IN THIS SPACE**



01282004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1103450	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SMOLER, BRUCE J  
 100 S.E. 2ND STREET SUITE 2620  
 MIAMI, FL 33131

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2004**

1100000094228  
 03/18/04-80051-005 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GROLL, PAUL 170 S ISLAND DR MIAMI, FL 33160
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HELDENMOTH, WERNER 1690 SWEETBAY WAY HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** Paul Groll - PAUL GROLL 3/18/04  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #