


FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90072 021 ****55.00

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000019915

1. Entity Name
FLAMINGO ISLAND INVESTORS, LLC



24059530

Principal Place of Business: 234 FLAMINGO ROAD, PALM BEACH GARDENS, FL 33410

Mailing Address: 234 FLAMINGO ROAD, PALM BEACH GARDENS, FL 33410



2. Principal Place of Business: 2346 Flamingo Road, Palm Beach Gdns, FL

3. Mailing Address: 2346 Flamingo Road, P.B. Gdns, Florida

City & State: Palm Beach Gdns, Florida

Zip: 33410 Country: USA

04132004 Chg-LLC CR2E083 (10/03)

4. FEI Number: 11-3690726 Applied For: Not Applicable

5. Certificate of Status Desired: \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent: HAGAR, STEVEN, 234 FLAMINGO ROAD, PALM BEACH GARDENS, FL 33410

7. Name and Address of New Registered Agent: Name: Hagar, Steven; Street Address: 2346 Flamingo Road; City: Palm Beach Gardens, FL; Zip Code: 33410

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, the registered agent.

SIGNATURE: *Steven K. Hagar* Steven K. Hagar DATE: 4/26/04

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

PLEASE CHECK PAYMENT TO: Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MGRM NAME: Steven K. Hagar STREET ADDRESS: 2346 Flamingo Rd CITY-ST-ZIP: P.B. Gdns, FL 33410	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: MGRM NAME: Kelly V Hagar STREET ADDRESS: 2346 Flamingo Rd CITY-ST-ZIP: P.B. Gdns, FL 33410	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: MGRM NAME: Donna Vedonick STREET ADDRESS: 6612 Estero Blvd #303 CITY-ST-ZIP: Estero Island, FL 33931	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Steven K. Hagar* Steven K. Hagar DATE: 4/26/04 561-627-1432