


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Mar 11, 2008 08:00 A
Secretary of State

DOCUMENT # A03000000043	
1. Entity Name FLAMINGO PLAZA, LTD.	

Principal Place of Business 401 E. LAS OLAS BLVD., SUITE 1000 FORT LAUDERDALE, FL 33301 US	Mailing Address 401 E. LAS OLAS BLVD., SUITE 1000 FORT LAUDERDALE, FL 33301 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



01092008 Chg-LP CR2E003 (12/06)

4. FEI Number APPLIED FOR	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MORGAN, GEORGE A 401 E. LAS OLAS BLVD., SUITE 1000 FORT LAUDERDALE, FL 33301	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	L01645 FLORIDA PROPERTY INVESTMENT PARTNERS, INC 401 E. LAS OLAS BLVD., SUITE 1000 FORT LAUDERDALE, FL 33301	STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	1000000954555 03/27/08-80013-009 500.00
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		CITY-ST-ZIP	

STAPLE CHECK HERE

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: George A. Morgan Jr. DATE: 2-29-08 DAYTIME PHONE #: 954-582-6010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER