2007 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2007**

DOCUMENT # A05000002184

1. Entity Name
FLAMINGO EAST OUT-PARCEL, LTD.



FILED Apr 27, 2007 08:00 AM Secretary of State

Principal Place of Business

5446 N. BAY ROAD MIAMI BEACH, FL 33140 Mailing Address PO BOX 402097

MIAMI BEACH, FL 33140



DO NOT WRITE IN THIS SPACE

04232007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 04-3836066

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GLOTTMANN, JACK 5446 N. BAY ROAD MIAMI BEACH, FL 33140

STAPLE CHECK HERE

SIGNATURE:

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 Support or puriset page of equatored agent and title if equatored agent agent and title if equatored agent ag		
Signature, typed or printed name of registered agent and title if applicable. DATE		
	FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.0	
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	
DOCUMENT ≠	P05000160990	
NAME	FLAMINGO EAST OUT-PARCEL, INC.	
STREET ADDRESS	5446 N. BAY ROAD	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
DOCUMENT #		U00000739380
NAME		05/14/07-80025-003 500.00
STREET ADDRESS		03/11/01 00023 000 300400
CITY-ST-ZIP		•
DOCUMENT #		
NAME		
STREET ADDRESS		DO NOT WRITE
CITY-ST-ZIP		DO NOT WINTE
DOCUMENT #		IN THIS SPACE
NAME		111 11110 0171011
STREET ADDRESS		
CITY-ST-ZIP		
DOCUMENT #		
NAME STREET ADDRESS	·	
CITY-ST-ZIP		
DOCUMENT #		
NAME		
STREET ADDRESS	l l	

14. I hereby certify that the information supplied with this filling 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 exempt this report as required by Chapter 620, Florida Statutes

ED OR PRINTED NAME OF SIGNING GENERAL PARTNER