


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FBI
 MAY -1 AM 9:41
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # B97000000460	
1. Entity Name BROOKWOOD FLAMINGO PARTNERS LIMITED PARTNERSHIP	

Principal Place of Business 50 DUNHAM RD. BEVERLY, MA 01915	Mailing Address 50 DUNHAM RD. BEVERLY, MA 01915
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04102006 Chg-LP CR2E003 (11/05)

4. FEI Number 04-3386131	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent
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, 2006, 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 #	B97000000459	STREET ADDRESS	
NAME	BROOKWOOD FLAMINGO ASSOCIATES L.P.	CITY-ST-ZIP	
STREET ADDRESS	55 TOZER ROAD	STREET ADDRESS	
CITY-ST-ZIP	BEVERLY, MA 01915	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

400074659474
05/16/06-01016-026 **500.00

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: Everal. Lill 4/13/06 978-927-8300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE