

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 01, 2004 8:00 am**  
**Secretary of State**

03-01-2004 90318 001 \*\*\*\*50.00



**DOCUMENT # L00000009155**

1. Entity Name  
 FLAMINGO ENERGY COMPANY, LLC

Principal Place of Business  
 40 PALM AVENUE, PALM ISLAND  
 MIAMI BEACH, FL 33139

Mailing Address  
 1221 BRICKELL AVENUE  
 ATTN: SHEP KING  
 MIAMI, FL 33131



02132004No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 52-2292894	Applied For Not Applicable
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5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

CORPDIRECT AGENTS  
 103 NORTH MERIDAIN STREET, LOWER LEVEL  
 TALLAHASSEE, FL 32301

**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 reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAMPOLLO, RAMON C/O 1221 BRICKELL AVENUE MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAMPOLLO, RICARDO C/O 1221 BRICKELL AVENUE MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAMPOLLO, ROSA-MARIA C/O 1221 BRICKELL AVENUE MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RICHTER, BRAIN E C/O 1221 BRICKEL AVENUE MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STRACHAN, HARRY C/O 1221 BRICKEL AVENUE MIAMI, FL 33131
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: Rosa Maria Campollo de Garcia Date: 2/27/04 Daytime Phone #: 305.749.5347  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE