

**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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	CAMPOLLO, RAMON
STREET ADDRESS	C/O 1221 BRICKELL AVENUE
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	MGR
NAME	CAMPOLLO, RICARDO
STREET ADDRESS	C/O 1221 BRICKELL AVENUE
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	MGR
NAME	CAMPOLLO, DE GARCIA, ROSA MARIA
STREET ADDRESS	C/O 1221 BRICKELL AVENUE
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	MGR
NAME	RICHTER, BRAIN E
STREET ADDRESS	C/O 1221 BRICKELL AVENUE
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	MGR
NAME	STRACHAN, HARRY
STREET ADDRESS	C/O 1221 BRICKELL AVENUE
CITY-ST-ZIP	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Rosa Maria Campollo de garcia

Date

2/27/04

Daytime Phone #

305.749.5347