2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000009155

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

RICHTER, BRAIN E

MIAMI, FL 33131

STRACHAN, HARRY

MIAMI, FL 33131

MGR

C/O 1221 BRICKEL AVENUE

C/O 1221 BRICKEL AVENUE

() Delete

Entity Name: FLAMINGO ENERGY COMPANY, LLC

FILED Apr 30, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 40 PALM AVENUE, PALM ISLAND MIAMI BEACH, FL 33139 **Current Mailing Address: New Mailing Address:** 1221 BRICKELL AVENUE ATTN: SHEP KING MIAMI, FL 33131 FEI Number: 52-2292894 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPDIRECT AGENTS CORPDIRECT AGENTS, INC. 515 E. PARK AVE 515 E. PARK AVE TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32301 US US 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. SIGNATURE: KEVIN R. ROBERTS 04/30/2007 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete CAMPOLLO, RAMON Name: Name: C/O 1221 BRICKELL AVENUE Address: Address: City-St-Zip: MIAMI, FL 33131 City-St-Zip: Title: MGR Title: () Delete () Change () Addition CAMPOLLO, RICARDO Name: Name: Address: C/O 1221 BRICKELL AVENUE Address: City-St-Zip: MIAMI, FL 33131 City-St-Zip: Title: MGR () Delete Title: () Change () Addition CAMPOLLO DE GARCIA, ROSA MARIA Name: Name: C/O 1221 BRICKEL AVENUE Address: Address: City-St-Zip: MIAMI, FL 33131 City-St-Zip: Title: MGR () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

SIGNATURE: MRS. ROSA MARIA CAMPOLLO DE GARCIA MGR

04/30/2007

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