


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

08 FEB 29 PM 4:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000009155 1. Entity Name FLAMINGO ENERGY COMPANY, LLC	
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Principal Place of Business 40 PALM AVENUE, PALM ISLAND MIAMI BEACH, FL 33139	Mailing Address 1221 BRICKELL AVENUE ATTN: SHEP KING MIAMI, FL 33131
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2. Principal Place of Business - No P.O. Box # 7315 S.W. 87th Ave. Suite, Apt. #, etc. Suite 200 City & State Miami, FL Zip 33173	3. Mailing Address c/o Anthony Wolpert Suite, Apt. #, etc. 7315 S.W. 87th Ave. City & State Suite 200, Miami, FL Zip 33173	4. FEI Number 52-2292894
Country USA	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required



02182008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent CORPDIRECT AGENTS, INC. 515 E. PARK AVE. TALLAHASSEE, FL 32301	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 X _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGR	<input checked="" type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAMPOLLO, RAMON			NAME	Campollo, Ramon		
STREET ADDRESS	C/O 1221 BRICKELL AVENUE			STREET ADDRESS	7315 S.W. 87th. Ave. Suite 200		
CITY-ST-ZIP	MIAMI, FL 33131			CITY-ST-ZIP	Miami, FL 33173		
TITLE	MGR	<input checked="" type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAMPOLLO, RICARDO			NAME	Campollo, Ricardo		
STREET ADDRESS	C/O 1221 BRICKELL AVENUE			STREET ADDRESS	7315 S.W. 87th Ave. Suite 200		
CITY-ST-ZIP	MIAMI, FL 33131			CITY-ST-ZIP	Miami, FL 33173		
TITLE	MGR	<input checked="" type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAMPOLLO DE GARCIA, ROSA MARIA			NAME	Campollo de Garcia, Rosa Maria		
STREET ADDRESS	C/O 1221 BRICKEL AVENUE			STREET ADDRESS	7315 S.W. 87th Ave. Suite 200		
CITY-ST-ZIP	MIAMI, FL 33131			CITY-ST-ZIP	Miami, FL 33173		
TITLE	MGR	<input checked="" type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RICHTER, BRAIN E			NAME	Richter, Brian		
STREET ADDRESS	C/O 1221 BRICKEL AVENUE			STREET ADDRESS	7315 S.W. 87th. Ave. Suite 200		
CITY-ST-ZIP	MIAMI, FL 33131			CITY-ST-ZIP	Miami, FL 33173		
TITLE	MGR	<input checked="" type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STRACHAN, HARRY			NAME	Strachan, Harry		
STREET ADDRESS	C/O 1221 BRICKEL AVENUE			STREET ADDRESS	7315 S.W. 87th Ave. Suite 200		
CITY-ST-ZIP	MIAMI, FL 33131			CITY-ST-ZIP	Miami, FL 33173		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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03/11/08--01010--008 **138.75

11. 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 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, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #