

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000014222

1. Entity Name
FLAMINGO HEIGHTS, L.L.C.



Principal Place of Business
**2685 CR 564
BUSHNELL, FL 33513**

Mailing Address
**2685 CR 564
BUSHNELL, FL 33513**



01052005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0617543

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MANCINI, RONALD A
2685 CR 564
BUSHNELL, FL 33513**

**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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MANCINI, RONALD A 2685 CR 564 BUSHNELL, FL 33513
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOGAN, ROBERT 51 CR 532B BUSHNELL, FL 33513
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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: Ronald Mancini **RONALD MANCINI MGR**

1/05/05

352 568 1040

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

Date

Daytime Phone #