

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000018243**

1. Entity Name  
**FLAMINGO WHSE LLC**



Principal Place of Business  
**C/O LEDER INVESTMENT PROPERTIES  
6530 W ROGERS CIR, STE 31  
BOCA RATON, FL 33487**

Mailing Address  
**C/O LEDER INVESTMENT PROPERTIES  
6530 W ROGERS CIR, STE 31  
BOCA RATON, FL 33487**



01312006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**16-1638016**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional  
Fee Required**

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

**DANIELS, NICHOLAS M ESQ.  
THERREL BAISDEN, PA  
SUNTRUST INT'L CTR, 1 SE 3RD AVE STE 2400  
MIAMI, FL 33131**

**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, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE **MGR**  
NAME **LEDER GROUP, INC**  
STREET ADDRESS **6530 W. ROGERS CIRCLE #31**  
CITY-ST-ZIP **BOCA RATON, FL 33487**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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000000456815  
03/16/06-80044-010 50.00

**DO NOT WRITE  
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

**SEAN M LEDER**

Date

Daytime Phone #

**561-995-7878**