


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90073 014 ***138.75

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	
2. Principal Place of Business - No P.O. Box # 4755 Technology Way Ste. 202 Boca Raton, FL 33431-3338		Mailing Address C/O LEDER INVESTMENT PROPERTIES 6530 W ROGERS CIR, STE 31 BOCA RATON, FL 33487	
3. Mailing Address 4755 Technology Way Ste. 202 Boca Raton, FL 33431-3338		4. FEI Number 16-1638016	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For Not Applicable	
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		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (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	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEDER GROUP, INC 6530 W. ROGERS CIRCLE #31 BOCA RATON, FL 33487	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4755 Technology Way Ste. 202 Boca Raton, FL 33431-3338
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Sean Leder</i>		Date: <i>2/18/08</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #: <i>561-995-7878</i>	