

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jan 05, 2004  
Secretary of State**

DOCUMENT# L02000025468

Entity Name: FLAMINGO CREEK, LLC

**Current Principal Place of Business:**

1688 MERIDIAN AVENUE, STE. 802  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

1688 MERIDIAN AVENUE, STE. 802  
MIAMI BEACH, FL 33139

**New Mailing Address:**

FEI Number: 01-0762581      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ARAMA, MICHAEL D  
1688 MERIDIAN AVENUE, STE. 802  
MIAMI BEACH, FL 33139

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM      ( ) Delete  
Name: KENDALL, BILLIE J  
Address: 2801 FLAMINGO DRIVE  
City-St-Zip: MIAMI BEACH, FL 33140

Title:                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR              ( ) Change (X) Addition  
Name: KENDALL, GLENN  
Address: 2801 FLAMINGO DR.  
City-St-Zip: MIAMI BEACH, FL 33140

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: GLENN KENDALL

MGR

01/05/2004

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date