

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000025468

Entity Name: FLAMINGO CREEK, LLC

FILED
Jan 04, 2008
Secretary of State

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 US

Name and Address of New Registered Agent:

LYONS, SPERO D
1688 MERIDIAN AVENUE, STE. 802
MIAMI BEACH, FL 33139 US

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: SPERO LYONS

01/04/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KENDALL, BILLIE J
Address: 2801 FLAMINGO DRIVE
City-St-Zip: MIAMI BEACH, FL 33140

Title: MM (X) Change () 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 exemption stated in Chapter 119, 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

MM

01/04/2008

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