

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90015 035 ***150.00

DOCUMENT # L03000003620

1. Entity Name

FLAMINGO HOMES, LLC



Principal Place of Business

~~G/O HUGO E. DORTA, ESQ~~
~~801 BRICKELL AVE., STE. 905~~
~~MIAMI FL 33131~~

Mailing Address

~~G/O HUGO E. DORTA, ESQ~~
~~801 BRICKELL AVE., STE. 905~~
~~MIAMI FL 33131~~

24065541



MOORE CR2E083 (11/03)

2. Principal Place of Business

1221 Brickell Avenue

3. Mailing Address

same as #2

Suite, Apt. #, etc.

2650

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

4. FEI Number

010767808

Applied For

Not Applicable

Zip

33131

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DORTA, HUGO E
G/O HUGO E. DORTA, PA
801 BRICKELL AVE., STE. 905
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

HUGO E DORTA

Street Address (P.O. Box Number is Not Acceptable)

1221 Brickell Avenue, Suite 2650

City

Miami

FL

Zip Code

33131

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, applicable.

(None Registered Agent signature required when reinstating)

04/27/2004

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
HOMESTEAD LAND PARTNERS, INC Delete
SOLE MANAGER MEMBER
1221 Brickell Avenue, Suite 2650
Miami, Florida 33131

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

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

04/27/2004

Date

(305) 377-2100

Daytime Phone #