2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State
04-25-2008 90027 009 ***138.75

DOCUMENT # L03000003620

1. Entity Name
FLAMINGO HOMES, LLC

60028992

Principal Place of Business	Mailing Address
3000 SW 3RD AVE, SUITE 708 MIAMI, FL 33129	3000 SW 3RD AVE, SUITE 708 MIAMI, FL 33129

03102008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
808 Brickell Key Drive		808 Br'ckell Key Drive	
Suite, Apt. #, etc. 2804		Suite, Apt. #, etc. 2804	
City & State Miami, FL		City & State Miami, FL	
Zip 33131	Country USA	Zip 33131	Country USA

4. FEI Number
01-0767808
☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DORTA, HUGO E 3000 SW 3RD AVENUE 708 MIAMI, FL 33129	Name: Hugo E. Dorta Street Address (P.O. Box Number is Not Acceptable): 808 Brickell Key Drive Suite 2804 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 if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	MGRM HOMESTEAD LAND PARTNERS, INC 3000 SW 3RD AVENUE, #708 MIAMI, FL 33129	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ~~Hugo E. Dorta~~ Homestead Land Partners, Inc 808 Brickell Key Drive, Suite 2804 ~~Miami, FL 33131~~	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: ______________________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #