2005 LIMITED LIABILITY COMPANY

ANNUAL REPORT

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FILED

Aug 03, 2005 8:00 am Secretary of State

08-03-2005 90020 004 ****50.00

701 SIMONTON, LLC 20066047 Principal Place of Business Mailing Address **3539 EAGLE AVENUE** 3539 EAGLE AVENUE C/O JAMES BLUM C/O JAMES BLUM KEY WEST, FL 33040 KEY WEST, FL 33040 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07252005 CR2E083 (10/03) Chg-LLC Applied For City & State City & State 4. FEI Number 20-1253293 Not Applicable Country Zip Country Zîp \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BOHATCH, JOHN S 2600 DOUGLAS ROAD, PENTHOUSE 8 Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES, FL 33134 City 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by September 7, 2005 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. Addition MGRM . TITLE ☐ Change TITLE ☐ Detete FLAMINGO INVESTMENTS, LLC NAME NAME STREET ADDRESS STREET ADDRESS 3539 EAGLE AVENUE CITY-ST-ZIP CITY-ST-ZIP KEY WEST, FL 33040 ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Defete TITLE ☐ Channe ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP

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