26-APR-2006 13:43 DE: A: 00013053796353 P:1

FILED
Apr 28, 2006 08:00 AM
Secretary of State

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000059592

1. Entity Name
FLAMINGO PLACE LLC

Principal Place of Business	Mailing Address
18671 COLLINS AVE. #1202 SUNNY ISLES BEACH, FL 33160	18671 COLLINS AVE. #1202 SUNNY ISLES BEACH, FL 33160

DO NOT WRITE IN THIS SPACE

04252006No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-1464187

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410

DO NOT WRITE IN THIS SPACE

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 _____ DATE
(If changing, typed or printed name of registered agent and the following statement. (NOTE: Registered Agent signature required when reinstating.)

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BISMUTH, MICHEL
STREET ADDRESS	18671 COLLINS AVE. #1202
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160
TITLE	MGRM
NAME	COHEN, ROBERT
STREET ADDRESS	18671 COLLINS AVE. #1202
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160
TITLE	MGRM
NAME	LEVY, BERNARD
STREET ADDRESS	18671 COLLINS AVE. #1202
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160
TITLE	MGRM
NAME	SFEZ, RAYMOND
STREET ADDRESS	18671 COLLINS AVE. #1202
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160
TITLE	MGRM
NAME	BERREBI, JULES
STREET ADDRESS	18671 COLLINS AVE. #1202
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000542048
05/10/06-80081-018 50.00

DO NOT WRITE IN THIS SPACE

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: _____ 4/24/06 305 379-7002
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #