

**2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L04000059592

**FILED**  
**Aug 11, 2006**  
**Secretary of State****Entity Name:** FLAMINGO PLACE LLC**Current Principal Place of Business:**18671 COLLINS AVE. #1202  
SUNNY ISLES BEACH, FL 33160**New Principal Place of Business:****Current Mailing Address:**18671 COLLINS AVE. #1202  
SUNNY ISLES BEACH, FL 33160**New Mailing Address:****FEI Number:** 20-1484187**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 US**Name and Address of New Registered Agent:**JADE ASSOCIATES  
100 N BISCAYNE BLVD  
SUITE 500  
MIAMI, FL 33132 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: JADE ASSOCIATES

08/11/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**Title: MGRM ( ) Delete  
Name: BISMUTH, MICHEL  
Address: 18671 COLLINS AVE. #1202  
City-St-Zip: SUNNY ISLES BEACH, FL 33160Title: MGRM ( ) Delete  
Name: COHEN, ROBERT  
Address: 18671 COLLINS AVE. #1202  
City-St-Zip: SUNNY ISLES BEACH, FL 33160Title: MGRM ( ) Delete  
Name: LEVY, BERNARD  
Address: 18671 COLLINS AVE. #1202  
City-St-Zip: SUNNY ISLES BEACH, FL 33160Title: MGRM ( ) Delete  
Name: SFEZ, RAYMOND  
Address: 18671 COLLINS AVE. #1202  
City-St-Zip: SUNNY ISLES BEACH, FL 33160Title: MGRM ( ) Delete  
Name: BERREBI, JULES  
Address: 18671 COLLINS AVE. #1202  
City-St-Zip: SUNNY ISLES BEACH, FL 33160**ADDITIONS/CHANGES:**Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHEL BISMUTH

MGRM

08/11/2006

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