
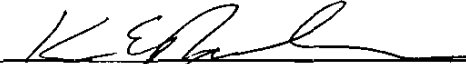


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90030 046 \*\*\*\*50.00

<b>DOCUMENT # L04000089914</b>					
1. Entity Name <b>FLAMINGO EAST, LLC</b>					
Principal Place of Business <b>3900 SW 30TH AVENUE SUITE THREE FORT LAUDERDALE, FL 33312</b>			Mailing Address <b>3900 SW 30TH AVENUE SUITE THREE FORT LAUDERDALE, FL 33312</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>20-2145655</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>RICHARDSON, JOHN J ESQ. 1500 N. FEDERAL HIGHWAY 250 FORT LAUDERDALE, FL 33304</b>				Name <b>John J Richardson ESQ</b>	
				Street Address (P.O. Box Number is Not Acceptable) <b>3900 Sw 30 Avenue</b>	
				Suite <b>Suite 3</b>	
				City <b>Fort lauderdale</b>	FL   Zip Code <b>33312</b>
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>RICHARDSON, KENNETH E</b>	NAME			
STREET ADDRESS	<b>3900 SW 30TH AVENUE, SUITE THREE</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>FORT LAUDERDALE, FL 33312</b>	CITY-ST-ZIP			
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>ANNECCA, MICHAEL J</b>	NAME			
STREET ADDRESS	<b>3900 SW 30TH AVENUE, SUITE THREE</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>FORT LAUDERDALE, FL 33312</b>	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: 				Date: <b>4/25/06</b> Daytime Phone #: <b>954-581-1606</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					