

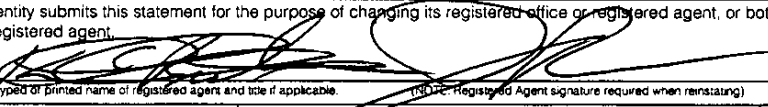



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90062 036 ****50.00

DOCUMENT # L04000089914 1. Entity Name FLAMINGO EAST, LLC					
Principal Place of Business 3900 SW 30TH AVENUE SUITE THREE FORT LAUDERDALE, FL 33312			Mailing Address 3900 SW 30TH AVENUE SUITE THREE FORT LAUDERDALE, FL 33312		
2. Principal Place of Business - No P.O. Box # Suite: 95 S Federal Hwy, Ste 200 City: Boca Raton, FL 33432		3. Mailing Address Suite: 95 S Federal Hwy, Ste 200 City: Boca Raton, FL 33432			
Zip: 33432 Country: USA		Zip: 33432 Country: USA		02232007 Chg-LLC CR2E083 (12/06)	
4. FEI Number 20-2145655				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent RICHARDSON, JOHN J ESQ. 3900 SW 30 AVE STE3 FORT LAUDERDALE, FL 33312			7. Name and Address of New Registered Agent Name: John J Richardson, Esq Street: 1824 SE 4th Avenue City: Ft. Lauderdale, FL 33316		
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: 4/27/07 <small>Signature, typed or printed name of registered agent and title if applicable. (If LLC Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RICHARDSON, KENNETH E 3900 SW 30TH AVENUE, SUITE THREE FORT LAUDERDALE, FL 33312	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	95 S Federal Hwy, Ste 200 Boca Raton, FL 33432
		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANNECCA, MICHAEL J 3900 SW 30TH AVENUE, SUITE THREE FORT LAUDERDALE, FL 33312	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	95 S Federal Hwy, Ste 200 Boca Raton, FL 33432
		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: 4/27/07 DAYTIME PHONE: 561-869-4300		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

POSTED