


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)

60044289



4. FEI Number **20-2145655** Applied For Not Applicable

5. Certificate of Status Desired **\$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
 Street **John J Richardson, Esq
 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**

Signature, typed or printed name of registered agent and title if applicable. (If UIC, Registered Agent signature required when reinstating)


**Filing Fee is \$50.00
 Due by May 1, 2007**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
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	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	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
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	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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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**

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

POSTED