
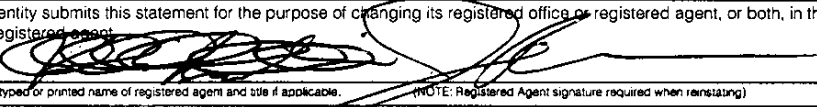
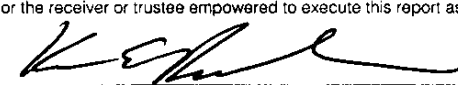


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-30-2007 90062 035 \*\*\*\*50.00

<b>DOCUMENT # L04000089924</b> 1. Entity Name <b>FLAMINGO WEST, 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 - No P.O. Box #			3. Mailing Address		
<b>95 S Federal Hwy, Ste 200 Boca Raton, FL 33432</b>			<b>95 S Federal Hwy, Ste 200 Boca Raton, FL 33432</b>		
Zip		Country <b>USA</b>		4. FEI Number <b>20-2145735</b>	
Zip		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>RICHARDSON, JOHN J ESQ. 3900 SW 30 AVE STE 3 FORT LAUDERDALE, FL 33312</b>				7. Name and Address of New Registered Agent Name _____ Str <b>John J Richardson, Esq</b> <b>1824 SE 4<sup>th</sup> Avenue</b> Cit, <b>Ft. Lauderdale, FL 33316</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  DATE <b>4/27/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>RICHARDSON, KENNETH E</b> <b>3900 SW 30TH AVENUE, SUITE THREE</b> <b>FORT LAUDERDALE, FL 33312</b>	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>ANNECEA, MICKY</b> <b>3900 SW 30TH AVENUE</b> <b>FORT LAUDERDALE, FL 33312</b>	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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 <b>4/27/07</b> Daytime Phone # <b>561-8694300</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

**POSTED**