2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# L04000090590

Entity Name: P FLAMINGO, LLC

Current Principal Place of Business:

147 SOUTH ROSCOE BLVD.
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

147 SOUTH ROSCOE BLVD.
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

FEI Number: 20-2016572 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BONOM, NEIL G
147 SOUTH ROSCOE BLVD.
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	BONOM, NEIL G	
Address:	147 SOUTH ROSCOE BLVD.	
City-St-Zip:	PONTE VEDRA BEACH, FL 32082	
Title:	MGRM	( ) Delete
Name:	BONOM, MARYANNE B	
Address:	147 SOUTH ROSCOE BLVD.	
City-St-Zip:	PONTE VEDRA BEACH, FL 32082	
Title:	MGRM	( ) Delete
Name:	BONOM, MILES H	
Address:	34 FARA DRIVE	
City-St-Zip:	STAMFORD, CT 06905	

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:	

I hereby certify that the information supplied with this filing does not qualify 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: NEIL BONOM G 04/28/2009

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