


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90027 030 \*\*\*\*50.00

**DOCUMENT # L05000045376**

1. Entity Name  
**FLAMINGO TRADE LLC**



Principal Place of Business      Mailing Address  
 8934 SOUTHWEST 129 TERRACE      PO BOX 560386  
 MIAMI, FL 33176      MIAMI, FL 33256

**60042004**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

04202007    Chg-LLC      CR2E083 (12/06)

City & State      City & State

4. FEI Number  
**20-2800027**

Applied For  
 Not Applicable

Zip      Country      Zip      Country

5. Certificate of Status Desired            **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**KATHE, GUY M**  
 8934 SW 129 TERR  
 MIAMI, FL 33176

**7. Name and Address of New Registered Agent**

Name **Florian Huttli**  
 Street Address (P.O. Box Number is Not Acceptable)  
**8934 SW 129 TERR**  
 City **MIAMI**      FL      Zip Code **33176**

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 *[Signature]*      DATE **4.24.07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: 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 KATHE, GUY M 8934 SW 129 TERR MIAMI, FL 33176	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUTTL, FLORIAN 8934 SW 129 TERR MIAMI, FL 33176	<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		<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
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: *[Signature]*      Date **04/24/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #