

2008


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 JAN 17 AM 10:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L06000045277

1. Limited Liability Company's Name  
Flamingo Condo Unit 1172, LLC

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # 755 41 Street Suite, Apt. #, etc.		3. Mailing Office Address 755 41 Street Suite, Apt. #, etc.	
City & State Miami Beach, Florida		City & State Miami Beach, Florida	
Zip 33140	Country USA	Zip 33140	Country USA

4. State/Country of Formation  
Florida / USA

5. Date Organized or Qualified To Do Business in Florida  
5/1/06

6. FEI Number  
20478482

Applied For	
Not Applicable	

7. CERTIFICATE OF STATUS DESIRED  \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name  
Rosenbaum International Law Firm, P.A.

Street Address (P.O. Box Number is Not Acceptable)  
755 41 Street

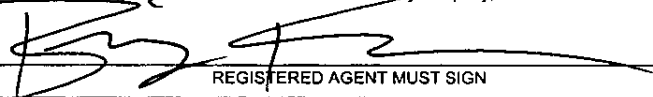
Suite, Apt. #, Etc.

State  
FL

Zip Code  
33140

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent  Date 1-7-08

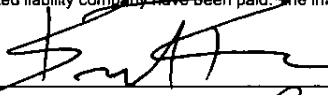
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr	Patty Rosenbaum	755 41 Street	Miami Beach, Florida 33140

200115339062  
01/17/08--01001--013 \*\*3663.75

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager  Date 1-7-8 Daytime Phone # 305-333-5308

Typed or printed name of signing Managing Member/Manager Patty Rosenbaum