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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Flamingo Peoperties (Name of Limited)	Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Off	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this m	atter to the following:
C/O L. R. MANNING, Esq. (Name of Person) FLAMINGO Reporties, LLC (Firm/Company) LAS DIAS CENTRE II, Suite 1600, (Address) Font Landerdale FL 33336	
For further information concerning this matter, plea	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amo	ount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

· STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

2. The mailing address of the limited liability company is: 40 L.R. MANNING, Esq. 3. LAS Olas CENTRE II, Suife 1600, 350 East Las Olas Boulevard, Fort Landwoods, Pl. 2002, 2007, 1000, 2007, 1000, 2007, 2
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JA MIS CIUS CIVINE IL JAUR 1800 530 CUS CON 1000 1000 1000 1000 1000 1000 1000 10
Tuly 27, 2006 of Fleshing July 26, 2006 3 Date of filing/registration in Florida L 0600074302 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: AMERICAN INFORMATION SERVICES, Inc. Name Las Olas Centre II, Suitelboo, 350 East Ras Olas Bauleuro Address Fort Laudardule, Fla. 33301 City, State and Zip
City, State and Zip 6. The name and address of the new registered agent and/or office: L. L. Manning, Esq. Uns Olas Conrac II, Suite 1600, 350 East Lac Olas Bowlevard
Las Olas Conras II, Suite 1600, 350 East Lac Olas Boulevard Florida street address (P.O. Box NOT acceptable)
Font Landwokfe FL 33301 City, State and Zip
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.
(Signature of a member or authorized representative of a member)
L.R. MANNING

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

(Printed or typed name of signee)