


FILED
Jul 19, 2007 8:00 am
Secretary of State

06-27-2007 90059 005 ****55.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000074302			
1. Entity Name FLAMINGO PROPERTIES, LLC			
Principal Place of Business C/O ROD L. MANNING, ESQ. 350 EAST LAS OLAS BOULEVARD SUITE 1600 FORT LAUDERDALE, FL 33301 US		Mailing Address C/O ROD L. MANNING, ESQ. 350 EAST LAS OLAS BOULEVARD SUITE 1600 FORT LAUDERDALE, FL 33301 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
02132007		Chg-LLC CR2E083 (12/06)	
4. FEI Number 37-1546377		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent AMERICAN INFORMATION SERVICES, INC. LAS OLAS CENTRE II, SUITE 1600 350 EAST LAS OLAS BOULEVARD FORT LAUDERDALE, FL 33301		7. Name and Address of New Registered Agent Name: <u>L.R. MANNING, Esq</u> Street Address (P.O. Box Number is Not Acceptable): <u>Las Olas Centre II, Suite 1600</u> <u>350 East Las Olas Boulevard</u> City: <u>Fort Lauderdale</u> FL Zip Code: <u>33301</u>	
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: <u>L. Manning, L.R. Manning</u> DATE: <u>16 April 2007</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when withdrawing)</small>			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>AGRM</u> <u>K.J. MANNING</u> <u>C/O L.R. MANNING, Las Olas Centre II</u> <u>Suite 1600, 350 East Las Olas Blvd.</u> <u>Ft. Lauderdale FL 33301</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MEM</u> <u>L.R. Manning</u> <u>Las Olas Centre II, Suite 1600</u> <u>350 East Las Olas Blvd. Ft. Lauderdale FL 33301</u>	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: <u>L. Manning, L.R. Manning</u>		Date: <u>16 April 2007 9:54:63</u> Daytime Phone: <u>2700</u>	

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