

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000012894

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Entity Name:** FLAMINGO INVESTMENTS FUND LLC

**Current Principal Place of Business:**

520 BRICKELL KEY DRIVE  
SUITE O-305  
MIAMI, FL 33131 US

**New Principal Place of Business:**

520 BRICKELL KEY DRIVE  
SUITE O-301  
MIAMI, FL 33131 US

**Current Mailing Address:**

520 BRICKELL KEY DRIVE  
SUITE O-305  
MIAMI, FL 33131 US

**New Mailing Address:**

520 BRICKELL KEY DRIVE  
SUITE O-301  
MIAMI, FL 33131 US

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DYMAX INTERNATIONAL SERVICES, INC.  
520 BRICKELL KEY DRIVE  
SUITE O-305  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

DYMAX INTERNATIONAL SERVICES, INC.  
520 BRICKELL KEY DRIVE  
SUITE O-301  
MIAMI, FL 33131 US

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: RICARDO DEL GIGLIO

04/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: DE BRITO, PAULO CARLOS  
Address: 520 BRICKELL KEY DRIVE, SUITE O-305  
City-St-Zip: MIAMI, FL 33131 US

**ADDITIONS/CHANGES:**

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: PAULO CARLOS DE BRITO

MGR

04/30/2009

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