

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000051586

FILED
Mar 13, 2009
Secretary of State

Entity Name: FLAMINGO DEVELOPMENT OF FLAGLER, LLC

Current Principal Place of Business:

C/O IRENE MEDIKOV
170 OLD KINGS ROAD, SOUTH
FLAGLER BEACH, FL 32136

New Principal Place of Business:

170 OLD KINGS ROAD, SOUTH
FLAGLER BEACH, FL 32136

Current Mailing Address:

C/O IRENE MEDIKOV
170 OLD KINGS ROAD, SOUTH
FLAGLER BEACH, FL 32136

New Mailing Address:

170 OLD KINGS ROAD, SOUTH
FLAGLER BEACH, FL 32136

FEI Number: 59-3599211

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEDIKOV, IRENE
29 LAGARE ST
PALM COAST, FL 32137 US

Name and Address of New Registered Agent:

MEDNIKOV, IRENE
29 LAGARE ST
PALM COAST, FL 32137 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: MEDNIKOV IRENE

03/13/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MEDNIKOV, IRENE
Address: 29 LAGARE ST
City-St-Zip: PALM COAST, FL 32137

Title: MGR () Delete
Name: SHEVCHENKO, INNA
Address: 57 NORTH WATERVIEW DR
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: IRENE MEDNIKOV

MGR

03/13/2009

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