

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000067947

Entity Name: FLAMINGO PARK III LLC

FILED  
Mar 09, 2011  
Secretary of State

**Current Principal Place of Business:**

C/O SEAGIS PROPERTY GROUP  
ONE TOWER BRIDGE, SUITE 1370  
WEST CONSHOHOCKEN, PA 19428

**New Principal Place of Business:**

C/O SEAGIS PROPERTY GROUP  
ONE TOWER BRIDGE, SUITE 350  
WEST CONSHOHOCKEN, PA 19428

**Current Mailing Address:**

C/O SEAGIS PROPERTY GROUP  
ONE TOWER BRIDGE, SUITE 1370  
WEST CONSHOHOCKEN, PA 19428

**New Mailing Address:**

C/O SEAGIS PROPERTY GROUP  
ONE TOWER BRIDGE, SUITE 350  
WEST CONSHOHOCKEN, PA 19428

FEI Number: 26-0455748

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPDIRECT AGENTS, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 US

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

CROVO, PETER D  
11340 INTERCHANGE CIRCLE NORTH  
MIRAMAR, FL 33025 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: PETER D CROVO

03/09/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: MOYER, KENNETH  
Address: 100 FRONT STREET, SUITE 350  
City-St-Zip: WEST CONSHOHOCKEN, PA 19428

Title: MGR  
Name: LEE, CHARLES C  
Address: 100 FRONT STREET, SUITE 350  
City-St-Zip: WEST CONSHOHOCKEN, PA 19428

Title: MGR  
Name: BEGIER, JOHN B  
Address: 100 FRONT STREET, SUITE 350  
City-St-Zip: WEST CONSHOHOCKEN, PA 19428

I hereby 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: KENNETH R MOYER

MGR

03/09/2011

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