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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M04000005361

1. Entity Name
PMAT FLAMINGO, L.L.C.

Principal Place of Business	Mailing Address
4716 CARTHAGE STREET METAIRIE, LA 70002	4716 CARTHAGE STREET METAIRIE, LA 70002

2. Principal Place of Business		3. Mailing Address	
1615 Poydras St.		1615 Poydras St.	
Suite, Apt. #, etc. Suite 1350		Suite, Apt. #, etc. Suite 1350	
City & State New Orleans, LA		City & State New Orleans, LA	
Zip 70112	Country USA	Zip 70112	Country USA

4. FEI Number 20-1950345 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CAPITOL CORPORATE SERVICES, INC.
1333 NORTH DUVAL STREET
TALLAHASSEE, FL 32303

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 ______ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PMAT FLAMINGO INVESTMENT, L.L.C. 4716 CARTHAGE STREET METAIRIE, LA 70002	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: Yvonne Lockwood as agent for above — 4/11/06 — (504) 681-3405

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #