

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M04000005361

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



Principal Place of Business
1615 POYDRAS ST.
SUITE 1350
NEW ORLEANS, LA 70112

Mailing Address
1615 POYDRAS ST.
SUITE 1350
NEW ORLEANS, LA 70112

FILED

07 FEB 16 AM 9:56

STATE OF FLORIDA
TALLAHASSEE, FLORIDA



01042007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-1950345

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CAPITOL CORPORATE SERVICES, INC.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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, 2007**

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9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	PMAT FLAMINGO INVESTMENT, L.L.C.
STREET ADDRESS	4716 CARTHAGE STREET
CITY-ST-ZIP	METAIRIE, LA 70002

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #