

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90084 001 ***277.50

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

00004794



Principal Place of Business - No P.O. Box #
40 Property One, LLC
Suite/Apt. #, etc.
4141 Veterans Blvd, Suite 300
City & State
Metairie, LA
Zip
70002
Country
USA

3. Mailing Address
4141 Veterans Blvd
Suite/Apt. #, etc.
Suite 300
City & State
Metairie, LA
Zip
70002
Country
USA

02062008 Chg-LLC CR2E083 (12/06)

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.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	MGR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PMAT FLAMINGO INVESTMENT, L.L.C.		NAME	PMAT FLAMINGO INVESTMENT, LLC	
STREET ADDRESS	4716 CARTHAGE STREET		STREET ADDRESS	77 WOODSTONE DRIVE	
CITY-ST-ZIP	METAIRIE, LA 70002		CITY-ST-ZIP	MANDERVILLE, LA 70471	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 Pickwood as agent Date: 4/1/08 Daytime Phone #: 504 681 3405