

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT


05-01-2006 90088 001 ***105.00

FILED M04000005362

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # M04000005362			
1. Entity Name PMAT FLAMINGO INVESTMENT, L.L.C.			
Principal Place of Business 4716 CARTHAGE STREET METAIRIE, LA 70002		Mailing Address 4716 CARTHAGE STREET METAIRIE, LA 70002	
2. Principal Place of Business 1615 Poydras St. Suite 1350 New Orleans, LA Zip 70112 Country USA		3. Mailing Address 1615 Poydras St. Suite 1350 New Orleans, LA Zip 70112 Country USA	
4. FEI Number 20-1950348		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____			
Filing Fee is \$80.00 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 REAL ESTATE INVESTMENTS, L.L.C. 4716 CARTHAGE STREET METAIRIE, LA 70002 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 606, Florida Statutes.			
SIGNATURE: <u>Yvonne Pickens as agent for owner</u>		Date: <u>4/11/06</u> Daytime Phone: <u>(504) 681-3405</u>	