## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCL!MENT # M06000002239 1. Entity Name ESA FLAMINGO, LLC



FILED Mar 07, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

3325 S UNIVERSITY DRIVE SUITE 200 DAVIE, FL 33328

3325 S UNIVERSITY DRIVE SUITE 200 DAVIE, FL 33328



DO NOT WRITE IN THIS SPACE

01112008 No Chg-LLC CR2E083 (12/07)

4. FEI Number Applied For NOT APPLICABLE Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GROSS, ALAN H 3325 S UNIVERSITY DRIVE SUITE 200 DAVIE, FL 33328

## 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 Horida.	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

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

9. MANAGING MEMBERS/MANAGERS		1. (1) 题《自题》、2007年 加入了水源(1) 通常、通常、基础自己编译、维建和电话		
TITLE NAME	MGRM ESA PARK, INC.			
STREET ADDRESS CITY-ST-ZIP	3325 S UNIVERSITY DRIVE SUITE 200 DAVIE, FL 33328			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		0000000351275 03/25/08-80033-005-128.75		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE		
TIFLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS 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 hability company or the receiver of 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

, D

Davtime Phone #