File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Katherine Harris FILED ANNUAL REPORT Secretary of State 1999 **DIVISION OF CORPORATIONS** C> LPR 29 PH 5: 00 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee CREMANY CL STATE Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address
of Limited Liability Company **DOCUMENT # M97000000558** 1a. Principal Place of Business Address BROOKWOOD FLAMINGO CO., L.L.C. 55 TOZER ROAD 55 TOZER ROAD BEVERLY MA 01915 BEVERLY MA 01915 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3s. State of Formation 08/29/1997 Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 04-3386136 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Zip Country Country \$8.75 Additional Fee Required 05/06/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name CORPORATION SERVICE , COMPANY 1201 HAYS STREET Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 Suite, Apt. #, etc. City Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when revisitating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM TRKLA, THOMAS N 55 TOZER ROAD BEVERLY MA MGRM BROWN, THOMAS W 55 TOZER ROAD BEVERLY MA 1350 AVE. OF THE AMERICAS, MGRM MAEL, JOEL A NEW YORK NY nd0002865840---05/06/99--01097--016 ****188.7% ****188.7\$ 11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANASING MEMBER CHIMANAGAR

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attachment with an address.

SIGNATURE: