APPROVEL

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT:# M9700000558 1. Entity Name of BROOKWOOD FLAMINGO CO., L.L.C.				FILED
				OI MAY - I PM 5: 37
Principal Place of Business 55 TOZER ROAD BEVERLY MA 01915		Mailing Address 55 TOZER ROAD BEVERLY MA 01915	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business 3. Mailing Address		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State		City & State		4. FEI Number 04-3386136 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired \$5.00 Additional Fee Required
	6. Name and Address of Curren	t Registered Agent	Name	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				ss (P.O. Box Number is Not Acceptable)
••			City	FL Zip Code
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE	Registered Agent signature requirement	0
9.	MANAGING MEME	BERS/MEMBERS	10.	ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TRKLA, THOMAS N 55 TOZER ROAD BEVERLY MA 01915	☐ Delete	TITLE . NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROWN, THOMAS W 55 TOZER ROAD BEVERLY MA 01915	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAEL, JOEL A 1350 AVE. OF THE AMERICAS, NEW YORK NY 10019	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-05/21/0101項項age-0页Addition ******50.00 ******50.00
TITLE NAME STREET ADDRESS . CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDR ÉS S CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I 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 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #