

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # M97000000558**

**1. Entity Name**  
**BROOKWOOD FLAMINGO CO., L.L.C.**



**Principal Place of Business**

**50 DUNHAM RD  
BEVERLY, MA 01915**

**Mailing Address**

**50 DUNHAM RD  
BEVERLY, MA 01915**

**DO NOT WRITE IN THIS SPACE**



04162004 No Chg-LLC

CR2E083 (10/03)

**4. FEI Number**  
**04-3386136**

☐ Applied For  
☐ Not Applicable

**5. Certificate of Status Desired** ☐ **\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

**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 Florida. 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

**Filing Fee is \$50.00  
Due by May 1, 2004**

**9. MANAGING MEMBERS/MANAGERS**

<b>TITLE</b>	<b>MGRM</b>
<b>NAME</b>	<b>TRKLA, THOMAS N</b>
<b>STREET ADDRESS</b>	<b>55 TOZER ROAD</b>
<b>CITY- ST- ZIP</b>	<b>BEVERLY, MA 01915</b>
<b>TITLE</b>	<b>MGRM</b>
<b>NAME</b>	<b>BROWN, THOMAS W</b>
<b>STREET ADDRESS</b>	<b>55 TOZER ROAD</b>
<b>CITY- ST- ZIP</b>	<b>BEVERLY, MA 01915</b>
<b>TITLE</b>	<b>MGRM</b>
<b>NAME</b>	<b>MAEL, JOEL A</b>
<b>STREET ADDRESS</b>	<b>1350 AVE. OF THE AMERICAS, SUITE 2001</b>
<b>CITY- ST- ZIP</b>	<b>NEW YORK, NY 10019</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY- ST- ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY- ST- ZIP</b>	

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**DO NOT WRITE  
IN THIS SPACE**

**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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Thomas N. Trkla*

*4/23/04*

*978-927-8300*