2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M97000000558

1. Entity Name

50 DUNHAM RD

Principal Place of Business

BEVERLY, MA 01915

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED

BROOKWOOD FLAMINGO CO., L.L.C.



Mailing Address

50 DUNHAM RD BEVERLY, MA 01915

FILED Apr 30, 2007 8:00 am Secretary of State

04-30-2007 90055 025 ****50.00



04202007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number Applied For 04-3386136 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 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, 2007			
9.	MANAGING MEMBERS/MANAGERS		
THILE	MGRM		
NAME	TRKLA, THOMAS N		
STREET ADDRESS	50 DUNHAM RD		
CITY-ST-ZIP	BEVERLY, MA 01915		
TITLE	MGRM		
NAME	BROWN, THOMAS W		
STREET ADDRESS	50 DUNHAM RD		
CITY-\$1-ZIP	BEVERLY, MA 01915		
TITLE	MGRM		
NAME	MAEL, JOEL A		
STREET ADDRESS	1350 AVENUE OF THE AMERICA S STE 1910	DO NOT WRITE	
CITY-ST+ZIP	NEW YORK, NY 10019	DO NOT WRITE	
THTLE		IN THIS SPACE	
NAME		IN THIS STAGE	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME CYCCY ADDRESS			
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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			

NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE