

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90229 034 ****50.00



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1. Entity Name
 BLACK MANGROVE, LLC

Principal Place of Business
 3940 PROSPECT AVENUE
 # 102
 NAPLES, FL 34104

Mailing Address
 3940 PROSPECT AVENUE
 # 102
 NAPLES, FL 34104

DO NOT WRITE IN THIS SPACE



02192004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
 59-3552133

Applied For
 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

OTT, CHAD N
 3940 PROSPECT AVENUE
 # 102
 NAPLES, FL 34104

**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

TITLE	MGRM
NAME	OTT, CHAD N
STREET ADDRESS	3940 PROSPECT AVENUE #102
CITY-ST-ZIP	NAPLES, FL 34104
TITLE	MGRM
NAME	OTT, R. CHRISTOPHER
STREET ADDRESS	3940 PROSPECT AVENUE #102
CITY-ST-ZIP	NAPLES, FL 34104
TITLE	MGRM
NAME	OTT, BARRETT C
STREET ADDRESS	3724 RACHEL LANE 1609 Murex Lane
CITY-ST-ZIP	NAPLES, FL 34103 34102
TITLE	MGRM
NAME	OTT, SPENCER V
STREET ADDRESS	308 CRESTWOOD DR
CITY-ST-ZIP	FORT WORTH, TX 76107
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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

Chad N. Ott

03/04/2004 2394037335

Date

Daytime Phone #

Chad N. Ott