2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 25, 2006 8:00 am Secretary of State

DOCUMENT # L9900000318 1. Entity Name BLACK MANGROVE, LLC						01-25-2006 9	0050 019) ****50.(00
Principal Place 3940 PROSP # 102 NAPLES, FL	PECT AVENUE	Mailing Address 3940 PROSPECT AVENUE # 102 NAPLES, FL 34104		1 1 2 0 77071 0 11	B ISMA IRNI CAMI CAMI AA	## 86## 11 ## 81	1 116 (1178) 13 6 (1 1		
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01162006	Chg-LLC	CR2E0	83 (11/05)		
City & State		City & State		4. FEI Number 59-355				plied For at Applicable	
Zip	Country Zip Co		Cour	ntry	5. Certificate	Certificate of Status Desired			
	6. Name and Address of Current F	Registered Agent			7. Name and	Address of New I	Registered /	Agent	
OTT CUA	DN			Name					
# 102	SPECT AVENUE			Street Addres	ss (P.O. Box Numb	er is Not Acceptabl	le)		
NAPLES, I	FL 34104								
				City	FL Zip Code				
	named entity submits this statement for ions of registered agent.	the purpose of changing its	register	ed office or regi	istered agent, or bo	th, in the State of Fl	orida. I am	familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registere	d Agent signature req	quired when reinstating)		DATE		
	•				r				
	iling Fee is \$50.00 ue by May 1, 2006						ke check p a Departm	ayable to ent of State	e
		RS/MANAGERS	10.				a Departm	ent of State	e
Di	we by May 1, 2006 MANAGING MEMBER MGRM	RS/MANAGERS	10. TITL	Ε		Florid	a Departm	ent of State	e Addition
9.	ue by May 1, 2006 MANAGING MEMBEI	☐ Delete	TITL NAM			Florid	a Departm	ent of State	
9. TITLE NAME	MANAGING MEMBER MGRM OTT, CHAD N	☐ Delete	TITL NAM STR	Æ		Florid	a Departm	ent of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBER MGRM OTT, CHAD N 3940 PROSPECT AVENUE #102 NAPLES, FL 34104 MGRM	☐ Delete	TITL NAM STR	eet address (-St-Zip		Florid	a Departm	ent of State	
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In Thereby dering that the information supplied with this litting does not quality 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.

SIGNATURE: VVVIII OR PRINTED NAME OF SIGNING MANAGONG MEMBER. MANAGER, OR AUTHORIZED

01/19/2006 (239)403-7335

Daytime Phone #