2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L9900000318

Address:

City-St-Zip:

520 AUDOBON ST

NEW ORLEANS, LA 70118

Entity Name: BLACK MANGROVE, LLC

FILED Mar 08, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3940 PROSPECT AVENUE 3940 PROSPECT AVENUE SUITE #102 # 102 NAPLES, FL 34104 NAPLES, FL 34104 **New Mailing Address: Current Mailing Address:** 3940 PROSPECT AVENUE 3940 PROSPECT AVENUE # 102 SUITE #102 NAPLES, FL 34104 NAPLES, FL 34104 FEI Number: 59-3552133 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: OTT, CHAD N OTT, CHAD N 3940 PROSPECT AVENUE 3940 PROSPECT AVENUE # 102 SUITE #102 NAPLES, FL 34104 US NAPLES, FL 34104 US 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. SIGNATURE: CHAD N. OTT 03/08/2007 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete OTT, CHAD N Name: Name: 3940 PROSPECT AVENUE #102 Address: Address: City-St-Zip: NAPLES, FL 34104 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: OTT, R. CHRISTOPHER Name: Address: 3940 PROSPECT AVENUE #102 Address: City-St-Zip: NAPLES, FL 34104 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition OTT, BARRETT C Name: Name: Address: 1609 MUREX LANE Address: City-St-Zip: NAPLES, FL 34102 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition OTT, SPENCER V Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Address:

City-St-Zip:

SIGNATURE: CHAD N. OTT MGRM 03/08/2007