

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2003 8:00 am
Secretary of State

03-14-2003 90004 020 ****50.00

0038335

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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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3552133**

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE Delete
NAME **MGRM**
STREET ADDRESS **OTT, CHAD N**
CITY-ST-ZIP **3940 PROSPECT AVENUE #102
NAPLES FL 34104**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **MGRM**
STREET ADDRESS **OTT, R. CHRISTOPHER**
CITY-ST-ZIP **3940 PROSPECT AVENUE #102
NAPLES FL 34104**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **MGRM**
STREET ADDRESS **OTT, BARRETT C**
CITY-ST-ZIP **3734 RACHEL LANE
NAPLES FL 34103**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **MGRM**
STREET ADDRESS **OTT, SPENCER V**
CITY-ST-ZIP **6700 CRESTHAVEN TERRACE-
FORT WORTH TX 76107**

TITLE Change Addition
NAME
STREET ADDRESS **308 Crestwood Dr.**
CITY-ST-ZIP **Fort Worth, TX 76107**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED* **CHAD N. OTT** 3/6/03 (2397) 463-7335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)