DOCUMENT # A9400001679  1. Entity Name  MANGONIA RESIDENCE I, LTD.				OS APR 29 PH 5:58		
Principal Place of Business		Mailing Address	<del></del>	1	TALLAS LARY . 3:58	
2210 N. AUSTRALIAN AVENUE WEST PALM BEACH FL 33407		2001 W. BLUE HERON BLVD. RIVIERA BEACH FL 33404			LINDSHI IND SHILL BERN BRIT BRIT BRIT BRIT BRIT BRIT BRIT BRIT	
2. Principal F	Place of Business	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1ST MOORE CR2E003 (10/04)	
City & State		City & State			4. FEI Number 65-0539957 Applied For Not Applicable	
Zip	Country	Zip	Coun	ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name and Address of Curren	t Registered Agent			7. Name and Address of New Registered Agent	
				Name		
NRAI SERVICES, INC. 526 EAST PARK AVENUE TALLAHASSEE FL 32501				Street Address (P.O. Box Number is Not Acceptable)		
				City	Zip Code	
The above named entity submits this statement for the purpose of change				FL :		
SIGNATURE  9. Capital Co	Signature, typed or printed name of registered age	nt and title if applicable	apital Contri	DATE	11. FILE NOW!!! Due by May 1, 2005.  See Block 11 instructions for fee info.	
	A GENERAL PARTNER	THAT IS A BUSINESS	ENTITY N		ISTERED AND ACTIVE WITH THIS OFFICE.	
12.		IAY NOT be changed o ER INFORMATION	on the form		nent must be filed to change a general partner.  ADDRESS CHANGES ONLY	
DOCUMENT #	N96000003114	IN THE CHAPTER OF		EET ADDRESS	ABBATEO OT VITALE OT L.	
NAME STREET ADDRESS CITY-ST-ZIP	THE PARTNERSHIP, INC. 4016 BROADWAY WEST PALM BEACH FL 33407		CITY	Y-ST-ZIP	2001 W. Blue Heron Boulevard Riviera Beach, FL 33404	
DOCUMENT #			STR	EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY	Y-ST-ZIP		
DOCUMENT # NAME			STR	EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY	Y - ST - ZIP		
DOCUMENT # NAME			STR	REET ADDRESS	200054744892 05/18/0501057002 **535.00	
STREET ADDRESS CITY-ST-ZIP			CITY	Y-ST-ZIP		
			STR	REET ADDRESS		
DOCUMENT #			CIT	Y-ST-ZIP		
NAME STREET ADDRESS CITY-ST-ZIP						
STREET ADDRESS CITY-ST-ZIP				REET ADDRESS		
STREET ADDRESS CITY-TI-ZIP	1		STR	Y-ST-ZIP		
STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP  14. I hereby indicate	certify that the information supplied w	nd that my signature shall he	STR CIT' fy for the exe nave the sam	Y-ST-ZIP emption stated in the legal effect as	Section 119.07(3)(i), Florida Statutes. I further certify that the information if made under oath; that I am a General Partner of the limited partnership of SUI	