

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Mar 18, 2008 08:00 A
Secretary of State

DOCUMENT # A98000000847

1. Entity Name
MANGO SC COMPANY, LTD.



Principal Place of Business
925 SOUTH FEDERAL HWY
SUITE 425
BOCA RATON, FL 33432

Mailing Address
C/O SOUTHERN MANAGEMENT & DEV LP
P.O. BOX 11229
KNOXVILLE, TN 37939



01222008 No Chg-LP CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3504774	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BLALOCK, LANDERS, WALTERS & VOGLER, P.A.
802 11TH STREET WEST
BRADENTON, FL 34205

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.

DATE _____

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

U00000862695
 04/03/08-80059-012 500.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # **G83741**
 NAME **BRADEMAN INVESTMENT CORPORATION**
 STREET ADDRESS **% RMC REALTY COMPANIES LTD/5410 HOMBERG DR**
 CITY-ST-ZIP **KNOXVILLE, TN 37919**

DOCUMENT # **G83740**
 NAME **MANBRADE INVESTMENT CORPORATION**
 STREET ADDRESS **% RMC REALTY COMPANIES LTD/5410 HOMBERG DR**
 CITY-ST-ZIP **KNOXVILLE, TN 34919**

DOCUMENT # **P96000028490**
 NAME **COAST REALTY INC.**
 STREET ADDRESS **925 SOUTH FEDERAL HWY SUITE 425**
 CITY-ST-ZIP **BOCA RATON, FL 33432**

DOCUMENT #
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 CITY-ST-ZIP

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14. I hereby certify that the information supplied with this filing does not qualify 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: _____

Steven Levin, President

(561) 948-7100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE