

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90035 030 \*\*\*\*50.00

**DOCUMENT # L00000005146**

1. Entity Name

**MANGROVE SANDS, LLC**

Principal Place of Business

**446 CROTON LANE  
BIG PINE KEY FL 33043**

Mailing Address

**PO BOX 431817  
BIG PINE KEY FL 33043****945871**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**65-1005077**

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~~**DAVIS, MARCEY  
446 CROTON LANE  
BIG PINE KEY FL 33043**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **P** ☐ Delete  
NAME **DAVIS, MARCEY**  
STREET ADDRESS **446 CROTON LANE**  
CITY-ST-ZIP **BIG PINE KEY FL 33043**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **VP** ☐ Delete  
NAME **REYNOLDS, WILLIAM N**  
STREET ADDRESS **446 CROTON LANE**  
CITY-ST-ZIP **BIG PINE KEY FL 33043**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **SEC.** ☐ Delete  
NAME **DAVIS, MARCEY**  
STREET ADDRESS **446 CROTON LANE**  
CITY-ST-ZIP **BIG PINE KEY FL 33043**TITLE ☐ Change ☐ Addition  
NAME  
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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: *Marcey Davis*

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)