

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 24, 2003 8:00 am  
Secretary of State

02-24-2003 90054 026 \*\*\*\*50.00

DOCUMENT # L02000001799



1. Entity Name  
**MANGARA, L.L.C.**

Principal Place of Business <b>28000 SPANISH WELLS BLVD. BONITA SPRINGS FL 34135</b>	Mailing Address <b>28000 SPANISH WELLS BLVD. BONITA SPRINGS FL 34135</b>
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CHECK HERE IF MAKING CHANGES

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **01-0682196**      Applied For  
Not Applicable

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

~~EURO-AMERICAN FINANCIAL SERVICES, INC.  
28000 SPANISH WELLS BLVD.  
BONITA SPRINGS FL 34135~~

Name **ALLURE ACCOUNTING, LLC**  
Street Address (P.O. Box Number is Not Acceptable)  
**28000 SPANISH WELLS BLVD.**  
City **BONITA SPRINGS**      FL      Zip Code **34135**

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 *Friedrich Schmidt*, **FRIEDRICH SCHMIDT, MGR**      02/17/03  
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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR KREFFT, COLETTE 28000 SPANISH WELLS BLVD. BONITA SPRINGS FL 34135</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Colette Krefft* **COLETTE KREFFT**      02/17/03      289-992-3355  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

0039602

CR2E083 (10/02)