→ 2005 LIMばど LIABILITY COMPANY ANNUAL REPORT

SECRETARY OF STATE CORPORATIONS DOCUMENT # L02000032589 -1. Entity Name MANGO CAY COMMUNITIES, LC 05 JUN -9 AM II: 00 Principal Place of Business Mailing Address 5672 STRAND COURT STE. 3 5672 STRAND COURT STE. 3 NAPLES, FL 34110 NAPLES, FL 34110 04192005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 56-2317460 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SALVATORI & WOOD, P.L. DO NOT WRITE 4001 TAMIAMI TRAIL NORTH, SUITE 330 NAPLES, FL 34103 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 (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 000054032580 05/06/05--01081--023 ***400.00 9. MANAGING MEMBERS/MANAGERS MGR TITLE GODE, LARRY NAME STREET ADDRESS 5672 STRAND COURT STE. 3 CITY-ST-7IP NAPLES, FL 34110 TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE

IN THIS SPACE

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 into were to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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