

2007 LIMITED LIABILITY COMPANY

ANNUAL REPORT

DOOLINAENT #1 02000046EE4



FILED Jan 18, 2007 8:00 am Secretary of State

1. Entity Name LANTANA AND MANGO, LLC							01-18-200	7 90013	020 3	0.00
Principal Place of Business 3030 S. DIXIE HWY., STE. 5 WEST PALM BEACH, FL 33405-1539			Mailing Address 3030 S. DIXIE HWY., STE. 5 WEST PALM BEACH, FL 33405-1539							
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01042007	Chg-LLC	CR2E0	83 (12/06)	
City & State		City & State			4. FEI Numbe	20-12	55030	<u> </u>	plied For t Applicable	
Zip	p Country		Zip	Zip Country		5. Certificate	of Status Desired		\$5.00 Add Fee Required	
	6. Name	e and Address of Current F	Registered Agent		Name	7. Name and	Address of New F	Registered .	Agent	
SNED, WILLIAM H JR 3030 S. DIXIE HWY., STE. 5			Street Ad-		Street Address (s (P.O. Box Number is Not Acceptable)				
WEST PAI	LM BEACI	H, FL 33405-1539								
			City				<u>, </u>	FL	Zip Code	÷
8. The above the obligat	named entiti ions of regist	y submits this statement for tered agent.	the purpose of changing its	registered	office or register	ed agent, or both	h, in the State of Fl	orida. I am	familiar with,	and accept
SIGNATURE .	Signature, typed	or printed name of registered agent a	nd title if applicable. (NOT	E: Registered A	gent signature required	when reinstating)		DATE	····	
Filing Fee is \$50.00 Due by May 1, 2007										
Di	ue by Ma	y 1, 2007						ke check p a Departm	eayable to ent of State	•
9.	ue by Ma	y 1, 2007 MANAGING MEMBER	RS/MANAGERS	10.				a Departm	ent of State	
Di	MGR SNED, W 3030 S. D	y 1, 2007	☐ Defete	TITLE NAME	ADDRESS T-ZIP		Florid	a Departm	ent of State	Addition
9. TITLE NAME STREET ADDRESS	MGR SNED, W 3030 S. D	MANAGING MEMBER SILLIAM H JR DIXIE HWY., STE. 5	☐ Defete	TITLE NAME STREET CITY-S' TITLE NAME	T-ZIP ADDRESS		Florid	a Departm	ent of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MGR SNED, W 3030 S. D	MANAGING MEMBER SILLIAM H JR DIXIE HWY., STE. 5	□ Delele	TITLE NAME STREET CITY-S' TITLE NAME STREET CITY-S' TITLE NAME	T-ZIP ADDRESS 1-ZIP ADDRESS		Florid	a Departm	Change	Addition
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9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SNED, W 3030 S. D WEST PA	MANAGING MEMBER WILLIAM H JR DIXIE HWY., STE. 5 ALM BEACH, FL 334051	Delete Delete Delete Delete	TITLE NAME STREET CITY-S'	T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP		ADDITIONS	A Departm	Change Change Change	Addition Addition Addition Addition Addition

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: WILL 11. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE

William H. Sned, Jr.

1/11/07

Date

561.655.8631

Daytime Phone #