
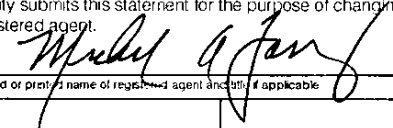
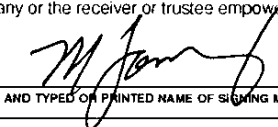


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90065 014 \*\*\*\*50.00

<b>DOCUMENT # L03000031858</b> 1. Entity Name <b>MANGO BAY, LLC</b>					
Principal Place of Business <b>45 COQUINA LANE</b> <b>ENGLEWOOD, FL 34223</b>			Mailing Address <b>45 COQUINA LANE</b> <b>ENGLEWOOD, FL 34223</b>		
2. Principal Place of Business <b>3332 NE 33rd St.</b> Suite, Apt. #, etc. <b>Ft. Lauderdale, FL</b> City & State		3. Mailing Address <b>3332 NE 33rd St.</b> Suite, Apt. #, etc. <b>Ft. Lauderdale, FL</b> City & State			
Zip <b>33308</b>	Country <b>USA</b>	Zip <b>33308</b>	Country <b>USA</b>	4. FEI Number <b>54-2149687</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>TOMANY, MICHAEL A</b> <b>45 COQUINA LANE</b> <b>ENGLEWOOD, FL 34223</b>			7. Name and Address of New Registered Agent Name <b>Michael A. Tomany</b> Street Address (P.O. Box Number is Not Acceptable) <b>3332 NE 33rd St.</b> <b>FORT LAUDERDALE</b> City <b>FL</b> Zip Code <b>33308</b>		
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  <small>Signature, typed or printed name of registered agent and state if applicable</small>			DATE <b>3-28-06</b>		
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>MGRM</b> <b>TOMANY, MICHAEL A</b> <b>45 COQUINA LANE</b> <b>ENGLEWOOD, FL 34223</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>MGRM</b> <b>FREY, KENNETH G</b> <b>45 COQUINA LANE</b> <b>ENGLEWOOD, FL 34223</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" 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	
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	
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 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <b>3-28-06</b>		
			Daytime Phone # <b>954-567-5775</b>		