


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

DOCUMENT # L03000031858

1. Entity Name
MANGO BAY, LLC



Principal Place of Business
**45 COQUINA LANE
 ENGLEWOOD, FL 34223**

Mailing Address
**45 COQUINA LANE
 ENGLEWOOD, FL 34223**

2. Principal Place of Business
3332 NE 33rd St.

3. Mailing Address
3332 NE 33rd St.

Suite, Apt. #, etc.
Ft. Lauderdale, FL

Suite, Apt. #, etc.
Ft. Lauderdale, FL

City & State
Ft. Lauderdale, FL

City & State
Ft. Lauderdale, FL

Zip
33308

Country
USA

Zip
33308

Country
USA



03272006 Chg-LLC CR2E083 (11/05)

4. FEI Number
54-2149687

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	
TOMANY, MICHAEL A 45 COQUINA LANE ENGLEWOOD, FL 34223		Name Michael A. Tomany Street Address (P.O. Box Number is Not Acceptable) 3332 NE 33RD ST. City FORT LAUDERDALE City FL Zip Code 33308	

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 *Michael A. Tomany* DATE 3-28-06

Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reappointing)

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TOMANY, MICHAEL A 45 COQUINA LANE ENGLEWOOD, FL 34223 <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	MGRM FREY, KENNETH G 45 COQUINA LANE ENGLEWOOD, FL 34223 <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: *Michael A. Tomany* DATE 3-28-06 Daytime Phone # 954-567-5775

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