


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90039 011 ****50.00

DOCUMENT # L04000023089	
1. Entity Name MANGO FISHING NORTH AMERICA, LLC	

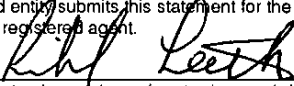
Principal Place of Business 6805 US 1 SOUTH ST. AUGUSTINE FL 32086	Mailing Address 6805 US 1 SOUTH ST. AUGUSTINE FL 32086
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2. Principal Place of Business 1093 A1A BEACH BLVD Suite, Apt. #, etc. # 535	3. Mailing Address 1093 A1A BEACH BLVD Suite, Apt. #, etc. # 535
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City & State ST. AUGUSTINE FL	City & State ST. AUGUSTINE FL
Zip 32080	Country U.S.A.

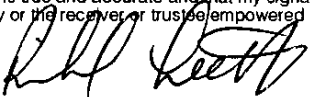
4. FEI Number 20-0903605	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent LEETH, RICHARD 7560 A1A SOUTH ST. AUGUSTINE FL 32080	7. Name and Address of New Registered Agent Name RICHARD LEETH Street Address (P.O. Box Number is Not Acceptable) 46 ARMAND BCH DR City PALM COAST FL Zip Code 32137
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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 	RICHARD LEETH	4/22/05
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, 2005	
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RICHARD LEETH 46 ARMAND BCH DR PALM COAST FL 32137 <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
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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: 	RICHARD LEETH	4/22/05	904-501-0911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #