

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000023740

1. Entity Name
MANGO GROVE, LLC



FILED

2005 JAN 14 PM 4:29

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business
THE BRADYWINE CENTRE, STE. 120
1,580 VILLAGE BLVD.
WEST PALM BEACH, FL 33409

Mailing Address
THE BRADYWINE CENTRE, STE. 120
1,580 VILLAGE BLVD.
WEST PALM BEACH, FL 33409

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
56-2447948

Applied For
Not Applicable

Zip Country

Zip Country

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

B & C CORPORATE SERV. OF CENT. FL., INC.
390 NORTH ORANGE AVENUE, STE. 1100
ORLANDO, FL 32801

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE *MGRM*
NAME *TRG GP, LLC*
STREET ADDRESS *The Brandywine Ctr 1,580 Village Blvd*
CITY-ST-ZIP *W. Palm Beach, FL 33409 Ste #120*

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

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☐ Change

☐ 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.

BY: *TRG GP, LLC, managing member*

SIGNATURE:

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

Date

Daytime Phone #

KRISTIN M. MILLER, PRES.