

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90538 037 \*\*\*\*50.00

**DOCUMENT # L04000029336**

1. Entity Name

**MANGO PROPERTIES, L.L.C.**



Principal Place of Business

**5107 27TH AVENUE SOUTH  
GULFPORT FL 33707**

Mailing Address

**5107 27TH AVENUE SOUTH  
GULFPORT FL 33707**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**20-1090458**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

1st MOORE

CR2E083 (10/04)



6. Name and Address of Current Registered Agent

**FALWELL, DAVID B  
5119 29TH AVENUE SOUTH  
GULFPORT FL 33707**

7. Name and Address of New Registered Agent

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS / MANAGERS

TITLE **MGRM** ☐ Delete  
NAME **KING, WILLIAM F**  
STREET ADDRESS **5107 27TH AVENUE SOUTH**  
CITY-ST-ZIP **GULFPORT FL 33707**

TITLE **MGRM** ☐ Delete  
NAME **FALWELL, DAVID B**  
STREET ADDRESS **5119 29TH AVENUE SOUTH**  
CITY-ST-ZIP **GULFPORT FL 33707**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE **MGRM** ☐ Change ☒ Addition  
NAME **KING, Michele P**  
STREET ADDRESS **5107 27TH AVENUE SOUTH**  
CITY-ST-ZIP **GULFPORT, FL 33707**

TITLE **MGRM** ☐ Change ☒ Addition  
NAME **DONNELLAN, Nanci**  
STREET ADDRESS **4781 Baywood Point Drive**  
CITY-ST-ZIP **GULFPORT, FL 33707**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:** *Wm F King* **WILLIAM F. KING**

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

*01/20/05* **322-3619**

Date

Daytime Phone #