


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90079 008 ****50.00

DOCUMENT # L05000019664 1. Entity Name MANGO PANGO RENTAL BOATS, LLC					
Principal Place of Business 5710 U.S. HIGHWAY #1 STOCK ISLAND, FL 33040 US			Mailing Address 800 1ST STREET KEY WEST, FL 33040 US		
2. Principal Place of Business 5710 US Hwy 1 Suite, Apt. #, etc.		3. Mailing Address 5710 US Hwy 1 Suite, Apt. #, etc.			
City & State KEY WEST FL Zip 33040 Country USA		City & State KEY WEST FL Zip 33040 Country USA		4. FEI Number 20-2399220	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent COLEGROVE, DONNA M 800 1ST STREET KEY WEST, FL 33040			7. Name and Address of New Registered Agent Name DONNA M COLEGROVE Street Address (P.O. Box Number is Not Acceptable) 5710 US Hwy 1 City KEY WEST FL Zip Code 33040		
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 <u>Donna M Colegrove</u> DONNA M COLEGROVE 4-27-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COLEGROVE, DONNA M 800 1ST STREET KEY WEST, FL 33040	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5710 US Hwy 1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANDERSON, RICKEY L 800 1ST STREET KEY WEST, FL 33040	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5710 US Hwy 1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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	<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	<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: <u>Donna M Colegrove</u> MGRM <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			4-27-06 294-1040 <small>Date Daytime Phone #</small>		