2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# L05000054848

Entity Name: MANGONON FAMILY MANAGEMENT LLC

Current Principal Place of Business:

801 S. OLIVE AVE.
#810
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

801 S. OLIVE AVE.
#810
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAUERBERG, ERIC M
200 VILLAGE SQUARE CROSSING
SUITE 102
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: MANGONON, PATRICK MD
Address: 801 S. OLIVE AVE., #810
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: MGR ( ) Delete
Name: MANGONON, IMELDA S
Address: 801 S. OLIVE AVE., #810
City-St-Zip: WESTM PALM BEACH, FL 33401 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change ( ) Addition
Name: MANGONON, IMELDA S
Address: 801 S. OLIVE AVE., #810
City-St-Zip: WEST PALM BEACH, FL 33401 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PATRICK MANGONON MGR 04/20/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date