


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90024 032 ****50.00

DOCUMENT # L05000057562	
1. Entity Name MANGROVE MORTGAGE AND INVESTMENT SERVICES, LLC	

Principal Place of Business 5006 SOUTH BUGG ROAD PLANT CITY, FL 33567	Mailing Address 5006 SOUTH BUGG ROAD PLANT CITY, FL 33567
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2. Principal Place of Business 9950 PRINCESS PALM DRIVE	3. Mailing Address
Suite, Apt. #, etc. SUITE 215	Suite, Apt. #, etc.
City & State TAMPA FL	City & State
Zip 33619	Country USA

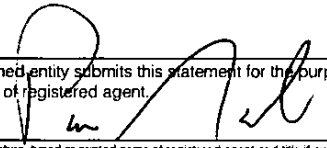


01122006 Chg-LLC CR2E083 (11/05)

4. FEI Number 27-0125220	Applied For <input checked="" 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 LABARBERA, PAUL A 5006 SOUTH BUGG ROAD PLANT CITY, FL 33567	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

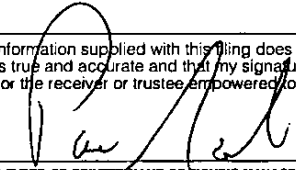
SIGNATURE  **PAUL LABARBERA** DATE **4/17/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LABARBERA, PAUL A 5006 SOUTH BUGG ROAD PLANT CITY, FL 33567 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SOUTHGATE FINANCIAL GROUP, LLC 3104 CLARKSIDE VILLAGE DR. SUITE 303 KENNESAW, GA 30144 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SOUTHGATE FINANCIAL GROUP, LLC 3104 CLARKSIDE VILLAGE DR. SUITE 303 KENNESAW, GA 30144 <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 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:  **PAUL LABARBERA** DATE **4/17/06** (813) 340-3923

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