## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Secretary of State **DOCUMENT # L05000070616** 01-23-2006 90138 044 \*\*\*\*50.00 1. Entity Name MANGO HOLDINGS SOUTH SHORE, LLC Principal Place of Business Mailing Address 3108 S. BARKLEY LANE 3108 S. BARKLEY LANE VALRICO, FL 33594 VALRICO, FL 33594 3. Mailing Address 2. Principal Place of Business 1015 nw 315 1015 1 Suite, Apt. #, etc. Suite, Apt. #, etc. 01182006 Chg-LLC CR2E083 (11/05) Pacity & State City & State Pampana 4. FEI Number Applied For 41-2181128 am Pano Beac Not Applicable \$5.00 Additional 5. Certificate of Status Desired П Browno Fee Required Broward 3069 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JENKINS, ROGER D JENKINS, RUGER U 3<del>108 S. BARKLEY LANE</del> 1015 NW 31 SAJE Street Andress (P.O. Box Number is Not Acceptable) VALRICO, FL-33594 Pomparo Beach FI Zip Code 33069 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 the obligations of registered agent. 1-18-0b SIGNATURE Signature, typed or printed name of registered apent 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 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. MGRM ☐ Addition TITLE Delete TITLE Change JENKINS, ROGER D NAME NAME STREET ADDRESS 3108 S. BARKLEY LANE STREET ADDRESS VALRICO, FL 33594 CITY-ST-ZIP CITY-ST-ZIP MGRM Change TITLE ☐ Delete ☐ Addition GOMEZ, GERARDO E NAME NAME STREET ADDRESS STREET ADDRESS 5404 N.W. 108TH WAY CITY-ST-7IP CITY-ST-ZIP CORAL SPRINGS, FL 33076 Change ☐ Detete TITLE ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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.

JRE: VIEW OF PRINTED MANE OF SHORING MANAGEM MEMBER, MANAGER, ON AUTHORIZED REPRESENTATIVE

FILED Jan 23, 2006 8:00 am