



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 17, 2006 8:00 am**  
**Secretary of State**

08-17-2006 90044 032 \*\*\*\*50.00

<b>DOCUMENT # L05000072723</b> 1. Entity Name <b>MANGO ON 10TH, LLC</b>					
Principal Place of Business 1000 - 10TH STREET MIAMI BEACH, FL 33139			Mailing Address 1000 - 10TH STREET MIAMI BEACH, FL 33139		
2. Principal Place of Business		3. Mailing Address <b>139 11TH STREET</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>12</b>		08032006 Chg-LLC CR2E083 (11/05)	
City & State		City & State <b>MIAMI BEACH, FL</b>		4. FEI Number <b>61-1491067</b>	
Zip:		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip <b>33139-8310</b>		Country <b>USA</b>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>COYLE, THOMAS F JR.</b> <b>100 W. CYPRESS CREEK ROAD, SUITE 700</b> <b>FORT LAUDERDALE, FL 33309</b>				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00</b> <b>Due by September 6, 2006</b>		Make check payable to <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GREENBERG, MICHAEL 1000 - 10TH STREET MIAMI BEACH, FL 33139			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
MGR GREENBURG, MICHAEL N. 139 11TH STREET #12 MIAMI BEACH, FL 33139-8310				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
MGR WALDBAUM, ADAM 1000 - 10TH STREET MIAMI BEACH, FL 33139				<input type="checkbox"/> Delete	MGR WALDBAUM, ADAM 34800 BRIOLE TRAIL LANE SOLON, OH 44139
MGR WALDBAUM, ADAM 34800 BRIOLE TRAIL LANE SOLON, OH 44139				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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.					
<b>SIGNATURE:</b> 				<b>8/14/06 786 2766416</b> Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING-MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					