

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000033302

FILED
Apr 24, 2007
Secretary of State

Entity Name: MENGROVE, LLC

Current Principal Place of Business:

99 NESBIT STREET
PUNTA GORDA, FL 33950

New Principal Place of Business:

C/O GARY A. KAHLE
99 NESBIT STREET
PUNTA GORDA, FL 33950

Current Mailing Address:

% GARY A. KAHLE, FARR, FARR, EMERICH, HACK
99 NESBIT STREET
PUNTA GORDA, FL 33950

New Mailing Address:

C/O GARY A. KAHLE
99 NESBIT STREET
PUNTA GORDA, FL 33950

FEI Number: 20-4726485

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAHLE, GARY A
FARR, FARR, EMERICH, HACKETT AND CARR, P.A
99 NESBIT STREET
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

KAHLE, GARY A
99 NESBIT STREET
PUNTA GORDA, FL 33950 US

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:

04/24/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: GRUBER, THOMAS A
Address: 825 W RETTA ESPLANADE
City-St-Zip: PUNTA GORDA, FL 33950

Title: MGR () Change (X) Addition
Name: WEBER, JAMES A
Address: 2301 MANGROVE ROAD
City-St-Zip: PUNTA GORDA, FL 33982

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES A. WEBER

MGR

04/24/2007

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