


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90368 030 ****50.00

DOCUMENT # L06000038712	
1. Entity Name MANGO COVE DEVELOPMENT LLC	

Principal Place of Business 5016 GUNN HIGHWAY TAMPA, FL 33624	Mailing Address 5016 GUNN HIGHWAY TAMPA, FL 33624
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60038671



2. Principal Place of Business - No P.O. Box # 3817 W. Humphrey St Suite, Apt. #, etc. Suite 202	3. Mailing Address 3817 W. Humphrey St Suite, Apt. #, etc. Suite 202
City & State Tampa FL	City & State Tampa FL
Zip 33614	Country

04192007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-4691458	Applied For <input 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 MARCUM, JOHN 5016 GUNN HIGHWAY TAMPA, FL 33624	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3817 W Humphrey St City Tampa FL Zip Code 33614	

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 *John Marcum* DATE 4-19-07
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, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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: *John Marcum* DATE 4-19-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #