


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L99000000318</b> 1. Entity Name <b>BLACK MANGROVE, LLC</b>	
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Principal Place of Business <b>3940 PROSPECT AVENUE # 102 NAPLES, FL 34104</b>	Mailing Address <b>3940 PROSPECT AVENUE # 102 NAPLES, FL 34104</b>
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01042005No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3552133</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**OTT, CHAD N  
3940 PROSPECT AVENUE  
# 102  
NAPLES, FL 34104**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM OTT, CHAD N 3940 PROSPECT AVENUE #102 NAPLES, FL 34104</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM OTT, R. CHRISTOPHER 3940 PROSPECT AVENUE #102 NAPLES, FL 34104</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM OTT, BARRETT C 1609 MUREX LANE NAPLES, FL 34102</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM OTT, SPENCER V 308 CRESTWOOD DR FORT WORTH, TX 76107</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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03/17/05-80069-002 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: \_\_\_\_\_

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

Date

Daytime Phone #

**3/15/2005 239403-7335**