

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000002148

Entity Name: AMBLING MANGONIA, LLC

FILED  
Mar 28, 2005  
Secretary of State

## Current Principal Place of Business:

315 LITTLE CREEK ROAD  
HIGHLANDS, NC 28741 US

## Current Mailing Address:

P.O. BOX 1259  
HIGHLANDS, NC 28741 US

## New Principal Place of Business:

100 SOUTH BRIDGE LANE  
C-213  
SEAGROVE BEACH, FL 32413 US

## New Mailing Address:

WATER SOUND  
BOX 613266  
SEAGROVE BEACH, FL 32413 US

FEI Number: 65-0996950

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GREEN, PATRICIA K  
2200 MUSEUM TOWER  
150 WEST FLAGLER STREET  
MIAMI, FL 33130 US

## Name and Address of New Registered Agent:

REA, WILLIAM J  
100 SOUTH BRIDGE LANE C-213  
BOX 613266  
SEAGROVE BEACH, FL 32413 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: WILLIAM J REA

03/28/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: REA, WILLIAM J JR.  
Address: 315 LITTLE CREEK ROAD  
City-St-Zip: HIGHLANDS, NC 28741 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: REA, WILLIAM J  
Address: 100 SOUTH BRIDGE LANE C-213  
City-St-Zip: SEAGROVE BEACH, FL 32413 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WILLIAM J REA

MGRM

03/28/2005

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