2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State
01-18-2005 90185 005 ****50.00

DOCUMENT # L01000006900

1. Entity Name
SEAN MANNING LLC

Principal Place of Business	Mailing Address
3618 EL CENTRO ST ST PETE BEACH, FL 33706	3618 EL CENTRO ST ST PETE BEACH, FL 33706

01052005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
3512 Gulf Blvd.	3512 Gulf Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Pete Beach, FL.	City & State: St. Pete Beach, FL.
Zip: 33706 Country: Pinellas	Zip: 33706 Country: Pinellas

4. FEI Number: 08-8582798 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KIRKWOOD, PETER T
601 BAYSHORE BLVD
SUITE 700
TAMPA, FL 33606

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MANNING, R SEAN MGR 3618 EL CENTRO ST SAINT PETE BEACH, FL 33706	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Lawrence William Manning 111 Fredonia Road Greenville, PA. 16125	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MANNING, BETH ANN M MGRM 3618 EL CENTRO ST SAINT PETE BEACHPT, FL 33706	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Denise Czyrny 7135 Bear Ridge Rd. N. Tonawanda, N.Y. 14120	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Richard Sean Manning 1-12-05 (727)698-0288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #