


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90118 024 \*\*\*\*50.00

**DOCUMENT # L01000013701**

1. Entity Name  
**MAN-CO. USA, L.L.C.**



Principal Place of Business  
 321 JEFFERSON ST., 2ND FLOOR  
 HOLLYWOOD, FL 33019

Mailing Address  
 321 JEFFERSON ST., 2ND FLOOR  
 HOLLYWOOD, FL 33019



2. Principal Place of Business  
*18851 N.E. 29th AVE.*

3. Mailing Address  
*18851 N.E. 29th AVE.*

Suite, Apt. #, etc.  
*722*

City & State  
*AVENTURA, FLA.*

Zip  
*33180*

Country  
*U.S.A.*

03262004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**65-1131025**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**ROUSSO, MARK E ESQ.**  
 % ROTH, ROUSSO & DARRACH, P.A.  
 3440 HOLLYWOOD BLVD., STE 360  
 HOLLYWOOD, FL 33021

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 2004**

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAAL, JOSE N 321 JEFFERSON ST., 2ND FLOOR HOLLYWOOD, FL 33019	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GROSSKOPF, MANUEL 321 JEFFERSON ST., 2ND FLOOR HOLLYWOOD, FL 33019	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>18851 N.E. 29th AVE. #722 AVENTURA, FLA. 33180</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>18851 N.E. 29th AVE. #722 AVENTURA, FLA. 33180</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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:** *Manuel Grosskopf*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #