
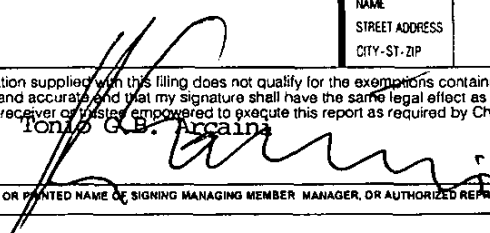


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

06 MAY -9 PM 12:09

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # L04000025047				
1. Entity Name MANALAPAN PROPERTIES LLC				
Principal Place of Business 2665 S BAYSHORE DR, STE 703 MIAMI, FL 33133		Mailing Address 2665 S BAYSHORE DR, STE 703 MIAMI, FL 33133		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt #, etc		Suite, Apt #, etc		
City & State		City & State		
Zip	Country	Zip	Country	
6. Name and Address of Current Registered Agent WORLD CORPORATE SERVICES, INC. 2665 S BAYSHORE DR, STE 703 MIAMI, FL 33133				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>				
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARCAINI, TONIO G B 3435 NORTH OCEAN BLVD GULFSTREAM, FL 33483	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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
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: 		Date: 4/17/06 (305) 858-9900		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				



04202006 Chg-LLC CR2E083 (11/05)

4. FEI Number APPLIED FOR Applied For Not Applicable

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

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05/25/06--01024--016 **1100.00