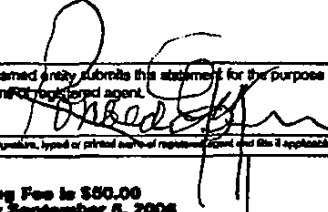
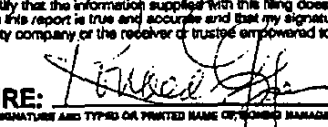


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2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # M02000002250			
1. Entity Name MANUFACTURER DIRECT, LLC		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 6192 VIA VENETIA NORTH DELRAY BEACH, FL 33484		Mailing Address 6192 VIA VENETIA NORTH DELRAY BEACH, FL 33484	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 43-1972127		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent OPPER, RONALD 6192 VIA VENETIA NORTH DELRAY BEACH, FL 33484		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 obligation of the registered agent.			
SIGNATURE  Signature, typed or printed name of registered agent and the 2 applicable.		DATE	
Filing Fee is \$50.00 Due by September 5, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR OPPER, RONALD 6192 VIA VENETIA NORTH DELRAY BEACH, FL 33484 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition 200078232952 08/01/06--01051--010 **50.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GOLDEN, FRAN 6192 VIA VENETIA NORTH DELRAY BEACH, FL 33484 ☐ 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
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 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 606, Florida Statutes.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		7/26/06 561-715-1660 Date Daytime Phone #	