2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 05, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000062086

1. Entity Name
MAN REALTY, L.L.C.

Principal Place of Business	Mailing Address
28 INDIAN CREEK ISLAND ROAD INDIAN CREEK VILLAGE, FL 33154	28 INDIAN CREEK ISLAND ROAD INDIAN CREEK VILLAGE, FL 33154

DO NOT WRITE IN THIS SPACE

07022007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
26-1796313
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MOSKOVITZ, DANIEL ESQ.
48 EAST FLAGLER STREET
PH-104
MIAMI, FL 33131

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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 September 14, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HOLTZ, JAVIER
STREET ADDRESS	28 INDIAN CREEK ISLAND ROAD
CITY-ST-ZIP	INDIAN CREEK VILLAGE, FL 33154
TITLE	MGR
NAME	HOLTZ, ANDRIA
STREET ADDRESS	28 INDIAN CREEK ISLAND ROAD
CITY-ST-ZIP	INDIAN CREEK VILLAGE, FL 33154
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Javier Holtz 7/2/07 305-866-8948

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #