

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000062086

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

FILED  
Jun 15, 2009  
Secretary of State

**Current Principal Place of Business:**

28 INDIAN CREEK ISLAND ROAD  
INDIAN CREEK VILLAGE, FL 33154

**New Principal Place of Business:**

**Current Mailing Address:**

28 INDIAN CREEK ISLAND ROAD  
INDIAN CREEK VILLAGE, FL 33154

**New Mailing Address:**

FEI Number: 26-1796313      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

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

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HOLTZ, JAVIER  
Address: 28 INDIAN CREEK ISLAND ROAD  
City-St-Zip: INDIAN CREEK VILLAGE, FL 33154

Title: MGR ( ) Delete  
Name: HOLTZ, ANDRIA  
Address: 28 INDIAN CREEK ISLAND ROAD  
City-St-Zip: INDIAN CREEK VILLAGE, FL 33154

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

MGRM

06/15/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date