

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M17000001381

**Entity Name:** 5002 S MANHATTAN SP LLC

**Current Principal Place of Business:**

C/O WILLIAM WARREN GROUP  
100 WILSHIRE BLVD SUITE 400 SUITE 400  
SANTA MONICA, CA 90401

**Current Mailing Address:**

CO WILLIAM WARREN GROUP  
100 WILSHIRE BLVD SUITE 400  
SANTA MONICA, CA 90401 US

**FEI Number:** 81-5388220

**Certificate of Status Desired:** Yes

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

NRAI SERVICES, INC  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

**Authorized Person(s) Detail :**

Title MGRM  
Name PORTER, CLARK  
Address CO WILLIAM WARREN GROUP  
100 WILSHIRE BLVD SUITE 400  
City-State-Zip: SANTA MONICA CA 90401

Title MGRM  
Name HOBIN, WILLIAM  
Address CO WILLIAM WARREN GROUP  
100 WILSHIRE BLVD SUITE 400  
City-State-Zip: SANTA MONICA CA 90401

Title MGRM  
Name HOBIN, TIMOTHY  
Address CO WILLIAM WARREN GROUP  
100 WILSHIRE BLVD SUITE 400  
City-State-Zip: SANTA MONICA CA 90401

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CLARK PORTER

MGRM

02/12/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date