

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 27, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000005449</b>	
1. Entity Name <b>MANATAP, LLC</b>	

Principal Place of Business <b>156 SAND DOLLAR LANE SARASOTA, FL 34242</b>	Mailing Address <b>156 SAND DOLLAR LANE SARASOTA, FL 34242</b>
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**DO NOT WRITE IN THIS SPACE**



01312007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>65-1007137</b>	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**SILBERSTEIN, DAVID M  
720 SOUTH ORANGE AVE  
SARASOTA, FL 34236**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

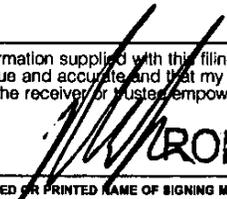
**9. MANAGING MEMBERS/MANAGERS**

TITLE <b>MGR</b>	<b>TAPLINGER, ROBERT</b>
NAME	<b>156 SAND DOLLAR LANE</b>
STREET ADDRESS	<b>SARASOTA, FL 34242</b>
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/04/07-80026-012 55.00

**DO NOT WRITE IN THIS SPACE**

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:**  **ROBERT TAPLINGER**      3-21-07      94134628W

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