


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90008 006 ****50.00

DOCUMENT # L00000015030	
1. Entity Name CONOR MANNING, L.L.C.	

Principal Place of Business 944 W. PROSPECT RD OAKLAND PARK, FL 33309	Mailing Address 944 W. PROSPECT RD OAKLAND PARK, FL 33309
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DO NOT WRITE IN THIS SPACE



01052005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3679823	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

MANNING, SUSAN
19150 FOX LANDING DR.
BOCA RATON, FL 33434

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, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MANNING, SUSAN
STREET ADDRESS	19150 FOX LANDING DR.
CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	MGRM
NAME	MANNING, CHRISTOPHER
STREET ADDRESS	19150 FOX LANDING DR.
CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	MGRM
NAME	MANNING, JOSEPH
STREET ADDRESS	19120 FOX LANDING DR.
CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	MGRM
NAME	MANNING, MARIA
STREET ADDRESS	19120 FOX LANDING DR.
CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	MGRM
NAME	MANNING, CHRISTINE
STREET ADDRESS	12711 DOUGLAS FIR COURT
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	MGRM
NAME	MANNING, WILLIAM
STREET ADDRESS	12711 DOUGLAS FIR COURT
CITY-ST-ZIP	CLERMONT, FL 34711

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Susan Manning **1/25/05** **954-772-7663**

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