2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000015030

1. Entity Name
CONOR MANNING, L.L.C.

Principal Place of Business	Mailing Address
944 W. PROSPECT RD OAKLAND PARK, FL 33309	944 W. PROSPECT RD OAKLAND PARK, FL 33309

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03282006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
59-3679823

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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: Susan Manning 3/29/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

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	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/18/06-80055-013 50.00

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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: Susan Manning 3/29/06 954-772760
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #