


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # L00000015030 1. Entity Name CONOR MANNING, L.L.C.	
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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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01292008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3679823	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000809877
02/08/08-80038-024 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MANNING, SUSAN 19150 FOX LANDING DR. BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MANNING, CHRISTOPHER 19150 FOX LANDING DR. BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MANNING, JOSEPH 19120 FOX LANDING DR. BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MANNING, MARIA 19120 FOX LANDING DR. BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: Susan Manning ^{Susan} _{manning} 1/28/08 954-7727663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #