2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000015030

1. Entity Name

CONOR MANNING, L.L.C.



FILED Jan 16, 2003 8:00 am Secretary of State 01-16-2003 90229 015 ****55.00

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State	ć.			ľ					
94 W. PROSPECT RD OAKLAND PARK PL 33309 OAKLAND PARK PL 33309 OAKLAND PARK PL 33309 OAKLAND PARK PL 33309 Suite. Apt. et old. Charge Charge	Principal Pla	ace of Business	Mailing Address			-			
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Suite, Apt. #, etc. Suite, Apt. #, etc. City & State A. FEI Number 59-8679823 Applied For Not Applicable Special State Special Spe	2. Principal	Place of Business	3. Mailing Address	·					
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Zip Country	Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.] [CHECK HERE IF	MAKING CHANG	SES
Country Zip Country S. Certificate of Status Desired S. S. On Additional Press of Name and Address of Current Registered Agent	City & Sta	ate	City & State	City & State		4. FEI Number	59-3679823	/	
ANNING, SUSAN 19150 FOX LANDING DR, BOCA RATON FL 33434 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and the Lacolizable. SIGNATURE: City FL Zip Code				Country	У	5. Certificate of	of Status Desired	\$5.00 Fee Req	Additional
MANNING, SUSAN 19150 FOX LANDING DR. BOCA RATON FL 33434 City FL Zip Code		6. Name and Address of Cu	rrent Registered Agent			_7. Name and	ddress of New Regi		
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SIGNATURE Signature typed or entropd name of registered agent and title if applicable. (NOTE: Registered Agent signature requisited when reintesting) DATE	8. The above	e named entity submits this statement	ent for the purpose of changing it	s registered	office or registere	ed agent, or both,	in the State of Florida	a. I am familiar w	ith, and accept
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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: 9 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE