2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000000835

1. Entity Name
MANATEE COUNTY LLC



Principal Place of Business

255 ALHAMBRA CIRCLE, SUITE 312 C/O SOUTHSTAR DEVELOPMENT PARTNERS, INC MIAMI, FL 33134 Mailing Address

255 ALHAMBRA CIRCLE, SUITE 312 C/O SOUTHSTAR DEVELOPMENT PARTNERS, INC MIAMI, FL 33134 FILED Apr 16, 2007 08:00 A Secretary of State



02052007 No Chg-LLC

CR2E083 (11/05)

4.	FEI Number	 -		Applied For
	NOT APPLICABLE			Not Applicable
5.	Certificate of Status Desired		\$5.00 Fee Re	Additional duired

6. Name and Address of Current Registered Agent

LANGLEY, MARCIA H 2255 GLADES ROAD, SUITE 419 ATRIUM ONE BOCA PLACE BOCA RATON, FL 33431

the obligations of registered agent.

SIGNATURE:

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4-12-07

SIGNATURE Signature typed or printed name of registered agent and title if explicable. (NOTE: Registered Agent sonature required when reinstating). DATE					
	Signature, typed or printed name of registered agent and litle if epplicable,	(NOTE: Registered Agent signature required when reinstating)	DATE		
Filing Fee is \$50.00 Due by May 1, 2007					
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUTHERFORD, LARRY J 255 ALHAMBRA CIRCLE STE 325 MIAMI, FL 33134		U00000711243		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			000000711343 04/26/07-80001-019 50.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			,		
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.					

ABER. OR AUTHORIZED REPRESENTATIVE

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