FILED

Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90119 009 ****50.00

2003 LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L0100000835

1. Entity Name

MANATEE COUNTY LLC

Principal Place of Business



ı	255 ALHAMBRA CIRCLE, SUITE 312	
	C/O SOUTHSTAR DEVELOPMENT PARTNERS. IN	C
ı	MIAMI FL 33134	

Mailing Address

255 ALHAMBRA CIRCLE. SUITE 312 C/O SOUTHSTAR DEVELOPMENT PARTNERS. INC

MINNI IE GOTO		WINNEL COLOR								
2. Principal P	Place of Business	3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & Stat	е	City & State			4. FEI Nu	mber NOT APPLICA	BLE	 	oplied For ot Applicable	
Zip	Country	Zip	Zip Country			5. Certificate of Status Desired - \$5.00 Additional Fee Required				
	6. Name and Address of Current I	Registered Agent			7. Name	and Address of New Regis	stered A	gent		
			Name							
	GLEY, MARCIA H									
	GLADES ROAD, SUITE 419 ATRIL	JM		Street Address (P.O. Box Number is Not Acceptable)						
	BOCA PLACE									
BOC	A RATON FL 33431									
				City		FL	Zip Code	a		
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	named entity submits this statement for ions of registered agent.	the purpose of changing it	s register	ea onice or regis	stered agent, or	both, in the State of Florida	. ramia	,minar with,	and accept	
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SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable (NO	TF: Begistere	d Agent signature reg	uired when reinstating		DATE			
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		Make Check Payat		•	ment of State	· [ĺ	
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9,	MANAGING MEMBEI	RS/MANAGERS	10.			ADDITIONS/CH/	ANGES			
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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.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OF FIRMTED NAME OF SIGNING MANAGING BER, MANAGER, OR AUTHORIZED REPRESENTATIVE

305-446-1250