

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000007589

**FILED**  
**Apr 15, 2009**  
**Secretary of State**

**Entity Name:** THE WAGNER-MANKE GROUP L.L.C.

**Current Principal Place of Business:**

917 SE 13TH AVE  
CAPE CORAL, FL 33990

**New Principal Place of Business:**

1323 NE PINE ISLAND LN  
CAPE CORAL, FL 33909 US

**Current Mailing Address:**

917 SE 13TH AVE  
CAPE CORAL, FL 33990

**New Mailing Address:**

1323 NE PINE ISLAND LN  
CAPE CORAL, FL 33909 US

**FEI Number:** 65-1099719

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MANKE, BRIAN  
917 SW 13TH AVE  
CAPE CORAL, FL 33990 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MANKE, BRIAN  
Address: 917 SE 13TH AVE  
City-St-Zip: CAPE CORAL, FL 33990

Title: MGRM ( ) Delete  
Name: WAGNER, ULRICH  
Address: 917 SE 13TH AVE  
City-St-Zip: CAPE CORAL, FL 33990

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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:** BRIAN MANKE

MGRM

04/15/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date