


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

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90276 015 ****55.00

DOCUMENT # L01000014489	
1. Entity Name MANF CONSTRUCTION & RENOVATION LLC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4270 NW 12TH ST Suite, Apt. #, etc. SUITE 200 City & State MIAMI, FL Zip 33126 Country U.S.A.		3. Mailing Address 10190 SW 88TH ST Suite, Apt. #, etc. # 506 City & State MIAMI, FL Zip 33176 Country U.S.A.	
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DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 45-0435727		Applied For Not Applicable
	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name MANUEL FERNANDES P. Street Address (P.O. Box Number is Not Acceptable) 10190 SW 88TH ST, # 506 City MIAMI FL Zip Code 33176		

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)
Signature, typed or printed name of registered agent and title if applicable.

DATE

02-27-04

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MANUEL FERNANDES P. 10190 SW 88TH ST, # 506 MIAMI, FL 33176	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LOURDES M. DE FERNANDES 10190 SW 88TH ST, # 506 MIAMI, FL 33176	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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.

SIGNATURE

(Signature)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DATE

Daytime Phone #

02-27-04

305-338-2318

CR2E083B (12/02)