


2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Mar 13, 2007 08:00 AM
Secretary of State

| | |
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| DOCUMENT # L01000022081 1. Entity Name MANCHESTER ENTERPRISES, LLC |  |
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| Principal Place of Business 989 TAMiami TRAIL PORT CHARLOTTE, FL 33953 | Mailing Address 989 TAMiami TRAIL PORT CHARLOTTE, FL 33953 |
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DO NOT WRITE IN THIS SPACE



03072007 No Chg-LLC

CR2E083 (11/05)

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|---|---|---|
| 4. FEI Number 26-0026994 | Applied For <input type="checkbox"/> | Not Applicable <input checked="" type="checkbox"/> |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$5.00 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent MCKINLEY, MICHAEL R ESQ. 18401 MURDOCK CIRCLE PORT CHARLOTTE, FL 33948 |
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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when terminating)
Signature, typed or printed name of registered agent and title if applicable. DATE _____

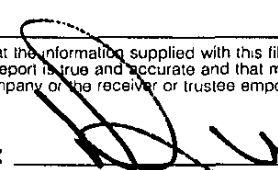
Filing Fee is \$50.00
Due by May 1, 2007

U000000665682
03/23/07-80034-025 323.75

| 9. MANAGING MEMBERS/MANAGERS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM DEGROSS, DEAN R 4211 EAGLE NEST CT PORT CHARLOTTE, FL 33948 |
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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.

SIGNATURE:  **3-07-07 941.629-8600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #