1

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000000907

1. Entity Name
J.E. MANIEC, LLC



Principal Place of Business

699 TORCHWOOD DR DELAND, FL 32724 Mailing Address

699 TORCHWOOD DR DELAND, FL 32724

FILED Mar 14, 2007 08:00 AM Secretary of State



<u>் ராழியர் நடிப்புகள் நடிப்புகள் நடிப்புகள்</u> 03122007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number	Applied For
30-0027335	Not Applicable
5. Certificate of Status Desired	\$5.00 Additional

6. Name and Address of Current Registered Agent

MANIEC, J.E. 699 TORCHWOOD DR DELAND, FL 32724

DO NOT WRITE

The above named entity submits this statement for the purpose of chathe obligations of registered agent.	anging its registered office or registe	red agent, or both, in the S	tate of Florida. I am familiar v	vith, and accept
SIGNATURE	· ·		·	·
Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature require	d when reinstating)	DATE	·
Filing Fee is \$50.00 Due by May 1, 2007				
AAANACING MEMBERS MANNACERS	5	ar a 1 a 1 a 1 a 1	1	

9.	9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MANIEC, JOE E 699 TORCHWOOD DRIVE DELAND, FL 32724		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TILE NAME STREET ADDRESS CITY+S1-ZIP	-		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with this filing does not qualify for the e		

. U000006664Ö8 13/23/07-80068-024-50.0(

DO NOT WRITE IN THIS SPACE

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:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/12/07

386 822 4641

Daytime Phone #