


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90074 034 \*\*\*143.75

<b>DOCUMENT #</b> L02000001706	
1. Entity Name <b>MAN, LLC</b>	

Principal Place of Business <b>436 MCKENZIE AVE PANAMA CITY, FL 32401</b>	Mailing Address <b>PO BOX 27664 PANAMA CITY, FL 32411</b>
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**60008141**



2. Principal Place of Business - No P.O. Box # <b>405 W OAK AVE</b>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02132008 Chg-LLC CR2E083 (12/06)

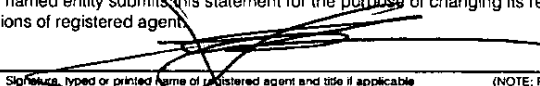
City & State <b>PANAMA CITY, FL</b>	City & State
Zip <b>32401</b>	Country <b>USA</b>

4. FEI Number <b>61-1406355</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required
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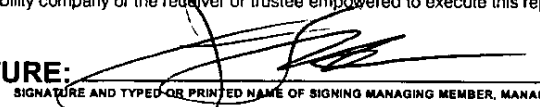
6. Name and Address of Current Registered Agent <b>APPLEMAN, JIM 436 MCKENZIE AVE PANAMA CITY, FL 32401</b>	
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7. Name and Address of New Registered Agent Name <b>Jim Appleman</b> Street Address (P.O. Box Number is <input checked="" type="checkbox"/> Acceptable) <b>405 W OAK AVE</b> City <b>PANAMA CITY, FL</b> Zip Code <b>32401</b>	
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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 	DATE <b>Feb 13 2008</b>

<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR APPLEMAN, JIM 436 MCKENZIE AVE PANAMA CITY, FL 32401</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	DATE <b>Feb 13 2008</b> DAYTIME PHONE # <b>850-230-5550</b>