

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L02000001706

FILED
Aug 28, 2009
Secretary of State

Entity Name: MAN, LLC

Current Principal Place of Business:

405 W OAK AVE
PANAMA CITY, FL 32401

New Principal Place of Business:

Current Mailing Address:

PO BOX 27664
PANAMA CITY, FL 32411

New Mailing Address:

FEI Number: 61-1406355

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

APPLEMAN, JIM
405 W OAK AVE
PANAMA CITY, FL 32401 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: MGR () Delete
Name: APPLEMAN, JIM
Address: 436 MCKENZIE AVE
City-St-Zip: PANAMA CITY, FL 32401

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: APPLEMAN, JAMES P
Address: 405 WEST OAK AVE
City-St-Zip: PANAMA CITY, FL 32401

Title: MGR () Change (X) Addition
Name: KILPATRICK, BRUCE K
Address: 3535 E. THOMPSON ST.
City-St-Zip: PHILADELPHIA, PA 19134 55

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: JAMES P APPLEMAN

MGRM

08/28/2009

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