



# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L02000003827</b> 1. Entity Name <b>MANSNEILL, L.L.C.</b>						07 APR -3 PM 3:39 SECRETARY OF STATE CALLAHAN, FLORIDA	
Principal Place of Business <b>4370 DEVERUX DRIVE PENSACOLA, FL 32504</b>				Mailing Address <b>4370 DEVERUX DRIVE PENSACOLA, FL 32504</b>			
2. Principal Place of Business - No P.O. Box # <b>8500 Fowler Ave.</b>		3. Mailing Address <b>8500 Fowler Ave.</b>					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State <b>Pensacola, FL</b>		City & State <b>Pensacola, FL</b>		03292007 Chg-LLC CR2E083 (12/06)		4. FEI Number <b>43-1951373</b>	
Zip <b>32534</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>O'NEILL, JOHN M 4370 DEVERUX DRIVE PENSACOLA, FL 32504</b>				7. Name and Address of New Registered Agent Name <b>O'Neill, John M.</b> Street Address (P.O. Box Number is Not Acceptable) <b>8500 Fowler Avenue</b> <b>Pensacola, FL 32534</b> City <b>Pensacola</b> <b>FL</b> Zip Code <b>32534</b>			
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 _____ <small>Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>				<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ONEILL, JOHN M III 4370 DEVEREUX DRIVE PENSACOLA, FL 32504			TITLE NAME STREET ADDRESS CITY-ST-ZIP	8500 Fowler Ave. Pensacola, FL 32534		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Mansfield, Teddy L 1325 W. Detroit Blvd Pensacola, FL 32534		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	600085645626 04/03/07--01032--007 **50.00		
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		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <b>5/29/07</b> 850-484-7977 <small>Daytime Phone #</small>			