


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000009107</b> 1. Entity Name <b>MANATEE-1, LLC</b>	
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Principal Place of Business <b>557 WYMORE ROAD, NORTH, SUITE 101 MAITLAND, FL 32751</b>	Mailing Address <b>P.O. BOX 941483 MAITLAND, FL 32794-1483</b>
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04072004 No Chg-LLC — CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>03-0453938</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>ICARDI, JEFFREY A 549 WYMORE ROAD, NORTH, SUITE 109 MAITLAND, FL 32751</b>	<b>DO NOT WRITE IN THIS SPACE</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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.


**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ISOLA, ROBERT E 557 WYMORE ROAD, NORTH, SUITE 101 MAITLAND, FL 32751
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04/12/04-80037-023 50.00

**DO NOT WRITE  
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  4/9/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #