

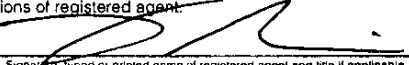
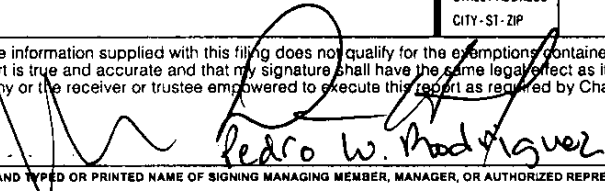


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90262 042 \*\*\*\*50.00

<b>DOCUMENT # L02000017400</b> 1. Entity Name <b>PARA MANANA, L.L.C.</b>					
Principal Place of Business <b>P.O. BOX 2062 TAMPA, FL 33601</b>			Mailing Address <b>P.O. BOX 2062 TAMPA, FL 33601</b>		
2. Principal Place of Business <b>3339 W. Kennedy Blvd</b> Suite, Apt. #, etc.		3. Mailing Address <b>3339 W. Kennedy Blvd</b> Suite, Apt. #, etc.			
City & State <b>Tampa FL</b>		City & State <b>Tampa, FL</b>		4. FEI Number <b>55-0790946</b>	
Zip <b>33609</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SMITH, H. STRATTON III ESQ 611 WEST AZEELE ST. TAMPA, FL 33606</b>				7. Name and Address of New Registered Agent Name <b>Matthew S. Przybycin</b> Street Address (P.O. Box Number is Not Acceptable) <b>Dennis Hernandez &amp; Associates, PA</b> <b>3339 West Kennedy Boulevard</b> City <b>Tampa</b> FL Zip Code <b>33609</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.</small>				DATE <b>3-06-06</b>	
<b>Filing Fee is \$50.00 Due by May 1, 2006</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	<b>MGR HERNANDEZ, OSCAR DENNIS JR 410 S. CEDAR AVENUE TAMPA, FL 33606</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR Hernandez, Oscar Dennis, Jr. 3339 West Kennedy Boulevard Tampa, FL 33609</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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>3-06-06</b>	
				Daytime Phone # <b>813.250.0000</b>	