


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000031662 1. Entity Name PHOUONE-MANEE LLC	
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Principal Place of Business 18411 PINES BLVD. PEMBROKE PINES, FL 33029	Mailing Address 18411 PINES BLVD. PEMBROKE PINES, FL 33029
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DO NOT WRITE IN THIS SPACE



01092007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 01-0757928	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SIVILAY, PHOOUTHONE 1001 S.W. 98TH AVENUE PEMBROKE PINE, FL 33025
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SIVILAY, PHOOUTHONE MANAGER 1001 SW 98TH AVENUE PEMBROKE PINE, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MASINTAPAN, NIKOM 18925 NE 18 AVENUE NORTH MIAMI BEACH, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HO, BINH THANH 15355 SW 21 PLACE MIRAMAR, FL 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/13/07-80040-024 50.00

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IN THIS SPACE**

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: 	1/15/07	(305) 450-9299
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>