2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000031662

1. Entity Name

PHOUONE-MANEE LLC

FILED Feb 29, 2008 08:00 Al Secretary of State

Principal Place of Business

18411 PINES BLVD. PEMBROKE PINES, FL 33029 · Mailing Address

18411 PINES BLVD. PEMBROKE PINES, FL 33029



01072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 01-0757928 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SIVILAY, PHOUTHONE 1001 S.W. 98TH AVENUE PEMBROKE PINE, FL 33025

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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.

Signature, typed or printed name of registered agent and title / applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SIVILAY, PHOUTHONE MANAGER 1001 SW 98TH AVENUE PEMBROKE PINE, FL 33025
TITLE NAME STREET ADORESS 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
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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: When the

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/26/08

Date:

Daytime Phone #