## 2005 LIMITED LIABILITY COMPANY

## FILED May 02, 2005 8:00 am Secretary of State

ANNUAL REPORT							05-02-2005 90125 033 ****50.00				
DOCUMENT # L03000004475								05-02-2005	90125 U	133 *****50	.00
1. Entity Nam SLC MAN		NT LLC									
SEC WAN	IAGEIVIEI	WI, LLC						_		000	
Principal Place of Business			Mailing Address			20053368					
76 SOUTH LAURA STREET, SUITE 1700 JACKSONVILLE, FL 32202			76 SOUTH LAURA STREET, SUITE 1700 JACKSONVILLE, FL 32202			,					
2. Principal Place of Business			3. Mailing Address				# <b>                                     </b>	iii <b>tu</b> is <b>tu</b> su i			
Suite, Apt. #, etc.		Suite, Apt. #, etc.				03232005	Chg-LLC	CR2E	083 (10/03)		
City & State			City & State				4. FEI Number Applied For 04-3736808 Not Applicable				
Zip	Zip Country		Zip	Country			e of Status Desired		\$5.00 Addi		
	6. Name	and Address of Current F	Registered Agent				7. Name an	d Address of New F	Registered	Agent	
HARPER, 76 SOUTH JACKSON	LAURA S	STREET, SUITE 1700	. Name Street Addres			ddress (I	(P.O. Box Number is Not Acceptable)				
					City				FI	Zip Code	,
	named entity		the purpose of changing its	registere	d office o	r register	ed agent, or bo	oth, in the State of FI			and accept
		<b>g</b>									
SIGNATURE						_	`				
SIGNATURE .	Signature, typed	or printed name of registered agent a	nd (ide if applicable. (NOTE	: Registered	Agent signat	ura required	when reinstating)		DATE		
Fi	Signature, typed Iling Fee I ue by May	s \$50.00	nd title if appscable. (NOTE	Registered		ura required	when reinstating)		ke check	payable to nent of State	
Fi	ling Fee i	s \$50.00	·	,		ura required	when reinstating)		ce check i a Departn	nent of State	
FI	ling Fee i	s \$50.00 y 1, 2005	·	,	:	IMAP		Florid	ce check i a Departn	nent of State	Addition
9. TITLE NAME	MGRM MANYA,	S \$50.00 Y 1, 2005 MANAGING MEMBER	RS/MANAGERS	10.	-	MGRI	M S. MA	ADDITIONS	ce check a Departn /CHANGE	S Change	
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9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MGRM MANYA, A 75 EAST I AKRON, C	MANAGING MEMBER  ANTHONY S  MARKET ST STE 330  DH 44308	RS/MANAGERS	10. TITLE NAME STREE CITY	E ET ADDRESS -ST-ZIP	MGRI ANTHO 15 E AKRI MGR	M DNY S. MA ERST MA DN, OH L	ADDITIONS NNA RKET ST S 14308	ce check a Departn /CHANGE	S Change	
9.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	MGRM MANYA, A 75 EAST I AKRON, C MGRM KRISHIAS	MANAGING MEMBER  MANAGING MEMBER  ANTHONY S  MARKET ST STE 330  DH 44308  SLTH, KENNETH J	RS/MANAGERS	10. TITLE NAME STREE CITY- TITLE	: E Et address -ST-Zip	MGRI ANTHO 15 E AKRI MGR KENI	M DNYS. MA DN, OH L M NETH J.	ADDITIONS INNA RKET ST S 14308 KRISMANTH	ce check a Departn /CHANGE	nent of State S  (X) Change	Addition
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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)(i), 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

X 4/14/05

Daytime Phone #