

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90286 004 \*\*\*\*50.00

DOCUMENT # L03000005469



1. Entity Name

MANA-TEE CONCEPTS USA, L.L.C.

Principal Place of Business

777 SO. FLAGLER DRIVE, SUITE 900  
PHILLIPS POINT, WEST TOWER  
WEST PALM BEACH FL 33401

Mailing Address

777 SO. FLAGLER DRIVE, SUITE 900  
PHILLIPS POINT, WEST TOWER  
WEST PALM BEACH FL 33401

24014498



MOORE

CR2E083 (11/03)

2. Principal Place of Business

5280 N. OCEAN DRIVE

3. Mailing Address

5280 N. OCEAN DRIVE

Suite, Apt. #, etc.  
16-F

Suite, Apt. #, etc.  
16-F

City & State  
SINGER ISLAND, FL

City & State  
SINGER ISLAND, FL

4. FEI Number 25-1904315

Applied For  
Not Applicable

Zip  
33404

Country  
USA

Zip  
33404

Country  
USA

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBBINS, JACK  
5280 N. OCEAN DRIVE., #16F  
SINGER ISLAND FL 33401

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT  
JACK ROBBINS  
5280 N. OCEAN DR. - 16F  
SINGER ISLAND, FL 33404

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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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

Date

Daytime Phone #

JACK ROBBINS, PRESIDENT

2/21/04 561-844-5083