

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 16, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000008666

1. Entity Name
MNP SALEM MANAGEMENT, LLC



Principal Place of Business

845 LILA STREET
BARTOW, FL 33830

Mailing Address

845 LILA STREET
BARTOW, FL 33830



Q2092006 No Chg-LLC

CR2E083 (11/05)

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4. FEI Number
51-0451277

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SALEM, MARY G
845 LILA STREET
BARTOW, FL 33830

**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)

Filing Fee is \$50.00
Due by May 1, 2006

DATE
02/27/06-80027-011 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SALEM, MARY G TRUSTEE
STREET ADDRESS	845 LILA STREET
CITY- ST- ZIP	BARTOW, FL 33830
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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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:

Mary G. Salem

2-14-06

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

Date

Daytime Phone #