


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 13, 2007 8:00 am
Secretary of State

06-13-2007 90092 010 ****50.00

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		
2. Principal Place of Business - No P.O. Box # 2413 BAYSHORE BLVD Suite, Apt. #, etc. APT # 1904		3. Mailing Address 2413 BAYSHORE BLVD Suite, Apt. #, etc. APT # 1904			
City & State TAMPA, FL		City & State TAMPA - FL 33629			
Zip 33629	Country USA	Zip 33629	Country USA		
4. FEI Number 51-0451277			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent SALEM, MARY G 845 LILA STREET BARTOW, FL 33830			7. Name and Address of New Registered Agent Name MARY G. SALEM Street Address (P.O. Box Number is Not Acceptable) 2413 BAYSHORE BLVD APT 1904 City TAMPA FL Zip Code 33629		
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 <u>Mary G. Salem</u> MARY G. SALEM, TRUSTEE, MANAGER MNP SALEM MANAGEMENT LLC <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE 6-8-07					
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SALEM, MARY G TRUSTEE 845 LILA STREET BARTOW, FL 33830 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARY GED SALEM, TRUSTEE MANAGER MNP SALEM MANAGEMENT, LLC. 2413 BAYSHORE BLVD - APT 1904 TAMPA, FL 33629 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Mary G. Salem</u> MARY G. SALEM 6-8-07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SERVING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date 813 254 3629 Daytime Phone # 863 512 0302		