## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

## Feb 21, 2005 08:00 AM **Secretary of State** DOCUMENT # L03000009065 1. Entity Name MANSON LLC Mailing Address Principal Place of Business 15501 SW 300 STREET 15501 SW 300 STREET HOMESTEAD, FL 33033 HOMESTEAD, FL 33033 01072005No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 86-1054203 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent FERNANDEZ, ARMANDO DO NOT WRITE 15501 SW 300 STREET HOMESTEAD, FL 33033 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. DATE 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, 2005 MANAGING MEMBERS/MANAGERS 9. MGR TITLE FERNANDEZ, ARMANDO NAME STREET ADDRESS 15501 SW 300 ST U000000238221 HOMESTEAD, FL 33033 CITY-ST-ZIP <u>02/21/05 80088-019 55.00</u> TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP 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.

FILED

Daytime Phone #