

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000014937

FILED  
Aug 15, 2005  
Secretary of State

**Entity Name:** MANNY MANN COMEDY TRAFFIC SCHOOL, LLC

**Current Principal Place of Business:**

319 HERMIT'S TRAIL  
ALTAMONTE SPRINGS, FL 32701

**New Principal Place of Business:**

P.O. BOX 451  
ORLANDO, FL 32802 US

**Current Mailing Address:**

319 HERMIT'S TRAIL  
ALTAMONTE SPRINGS, FL 32701

**New Mailing Address:**

P. O. 451  
ORLANDO, FL 32802 US

**FEI Number:** 81-0613162      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

MANN, CLARENCE L  
319 HERMIT'S TRAIL  
ALTAMONTE SPRINGS, FL 32701 US

**Name and Address of New Registered Agent:**

MANN, CLARENCE L  
P.O. BOX 451  
ORLANDO, FL 32802 US

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.

SIGNATURE: CLARENCE L MANN

08/15/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MANN, CLARENCE L  
Address: 319 HERMIT'S TRAIL  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: MANN, CLARENCE L  
Address: P.O. BOX 451  
City-St-Zip: ORLANDO, FL 32802

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: CLARENCE L MANN

MR

08/15/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date