


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

07 FEB 19 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000020209		
1. Entity Name MANALAPAN INVESTMENTS, LLC		

Principal Place of Business ONE SOUTH OCEAN BLVD., STE. 204 BOCA RATON, FL 33432	Mailing Address ONE SOUTH OCEAN BLVD., STE. 204 BOCA RATON, FL 33432
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2. Principal Place of Business - No P.O. Box # 4528 CAULFEILD LANE	3. Mailing Address 4528 CAULFEILD LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State WEST VANCOUVER, BC	City & State WEST VANCOUVER, BC
Zip V7W 3J6	Zip V7W 3J6
Country CANADA	Country CANADA

02092007 Chg-LLC CR2E083 (12/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MARTIN, PIERRE ONE SOUTH OCEAN BLVD., STE. 204 BOCA RATON, FL 33432	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARTIN, PIERRE ONE S. OCEAN BOULEVARD, SUITE 204 BOCA RATON, FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARTIN, PIERRE 4528 CAULFEILD LANE WEST VANCOUVER, BC, V7W 3J6 CANADA <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
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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:

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

Date

Daytime Phone #

2-9-07 604.921-4448