

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000034113

1. Entity Name
THE MANKO FAMILY NO. 3 LLC



Principal Place of Business
321 W. CAMINO REAL
BOCA RATON, FL 33432

Mailing Address
321 W. CAMINO REAL
BOCA RATON, FL 33432

FILED
Apr 20, 2007 08:00 AM
Secretary of State



01032007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
32-0125450

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SADER, ROBERT L
1901 W. CYPRESS CREEK ROAD
SUITE 415
FORT LAUDERDALE, FL 33309

**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)

DATE _____

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

U000003719242
05/01/07-80056-007 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MANKO, STEVEN A
STREET ADDRESS	321 W. CAMINO REAL
CITY - ST - ZIP	BOCA RATON, FL 33432

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
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: _____

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

Date 1/3/07

Daytime Phone # _____