

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000037113

**FILED**  
**Feb 20, 2009**  
**Secretary of State**

**Entity Name:** MENAPA MANAGEMENT, LLC

**Current Principal Place of Business:**

C/O WEISENFELD & ASSOC 1901 BRICKELL AVENUE  
SUITE B202  
MIAMI, FL 33129 US

**New Principal Place of Business:**

C/O PAUL PALMER, ESQ., 12790 SO. DIXIE HWY  
MIAMI, FL 33156 US

**Current Mailing Address:**

C/O WEISENFELD & ASSOC 1901 BRICKELL AVENUE  
SUITE B202  
MIAMI, FL 33129 US

**New Mailing Address:**

C/O PAUL PALMER, ESQ., 12790 SO. DIXIE HWY  
MIAMI, FL 33156 US

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

WEISENFELD, JOSEPH J  
1901 BRICKELL AVENUE  
SUITE B202  
MIAMI, FL 33129 US

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

PALMER, PAUL  
12790 SO. DIXIE HIGHWAY  
MIAMI, FL 33156 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: PAUL PALMER

02/20/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MENACHE, HERMAN  
Address: 1901 BRICKELL AVENUE, SUITE B202  
City-St-Zip: MIAMI, FL 33129

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: HERMAN MENACHE

MGR

02/20/2009

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