


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000055725

1. Entity Name
840 MANALPAN, LLC



Principal Place of Business 1157 SOUTH STATE ROAD 7 WELLINGTON, FL 33414	Mailing Address 1157 SOUTH STATE ROAD 7 WELLINGTON, FL 33414
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DO NOT WRITE IN THIS SPACE



01032005No Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0547692	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**TRIPURANENI, KRISHNA
 1157 SOUTH STATE ROAD 7
 WELLINGTON, FL 33414**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TRIPURANENI, KRISHNA TENANTS 1157 SOUTH STATE ROAD 7 WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TRIPURANENI, NIRMALA TENANTS 1157 SOUTH STATE ROAD 7 WELLINGTON, FL 33414
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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.

SIGNATURE:  **1-10-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #