


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 11, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000055725  
 1. Entity Name  
 840 MANALAPAN, LLC



Principal Place of Business      Mailing Address  
 1157 SOUTH STATE ROAD 7      1157 SOUTH STATE ROAD 7  
 WELLINGTON, FL 33414      WELLINGTON, FL 33414

**DO NOT WRITE IN THIS SPACE**



01032007 No Chg-LLC      CR2E083 (11/05)

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

6. Name and Address of Current Registered Agent  
 TRIPURANENI, KRISHNA  
 1157 SOUTH STATE ROAD 7  
 WELLINGTON, FL 33414

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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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 01/11/07-80002-015 50.00

**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]*      1-8-2007      561-795-3330  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Day/mo Phone #