2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

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

FILED
Jan 11, 2007, 08:00 AN
Secretary of State

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1. Entity Name 840 MANALAPAN, LLC

Principal Place of Business

1157 SOUTH STATE ROAD 7 WELLINGTON, FL 33414 Mailing Address

1157 SOUTH STATE ROAD 7 WELLINGTON, FL 33414



01032007 No Chg-LLC

CR2E083 (11/05)

561-795-333 D

Daytime Phone 4

Date

4. FEI Number Applied For Not Applicable

5. Certificate of Status Desired Fee Required Fee Required

6. Name and Address of Current Registered Agent

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

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of chan lons of registered agent.	ging its registered office or registered agent, or both, in the Stat	e of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE Registered Agent signature required when reinstating)	DATE
F	iling Fee is \$50.00 ue by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ABDRESS 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	U0 01/11	0000581707 /07-80002-015 50.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS	SPACE
TITLE MAME STREET ADDRESS CITY-ST-ZIP		<u> </u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
indicated	on this report is true and accurate and that my signature sh	quality for the exemptions contained in Chapter 119, Florida Str nail have the same legal effect as if made under oath; that I and oute this report as required by Chapter 608, Florida Statutes.	atutes. I further certify that the information in a managing member or manager of the