
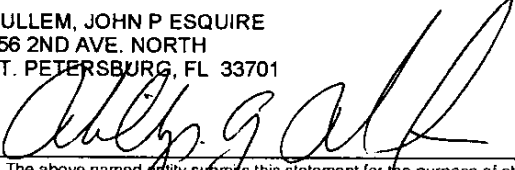
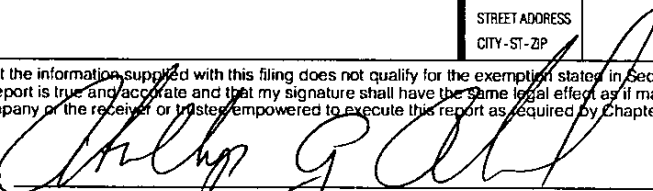


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 09, 2005 8:00 am
Secretary of State

08-09-2005 90054 022 ****50.00

DOCUMENT # L04000025260 1. Entity Name MANHATTAN FINANCIAL GROUP, LLC					
Principal Place of Business 856 2ND AVENUE NORTH ST. PETERSBURG, FL 33701 US			Mailing Address P.O. BOX 18526 TAMPA, FL 33679 US		
2. Principal Place of Business 1003 TERRA MAR DR.		3. Mailing Address Suite, Apt. #, etc. SAME			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State TAMPA, FL.		City & State SAME			
Zip 33613		Country HILLSBOROUGH		Zip Country	
4. FEI Number 41-2135574				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CULLEM, JOHN P ESQUIRE 856 2ND AVE. NORTH ST. PETERSBURG, FL 33701 			7. Name and Address of New Registered Agent Name PHILLIP G PLASTIC Street Address (P.O. Box Number is Not Acceptable) 1003 TERRA MAR DR. City TAMPA FL Zip Code 33613		
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 PHILLIP G. PLASTIC <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PLASTIC, PHILLIP G 1003 TERRA MAR DRIVE TAMPA, FL 33613		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
<small>Date Daytime Phone #</small>					