

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 SEP 14 AM 9:12

DOCUMENT # L04000046636

1. Entity Name  
MANASARA APPRAISAL SERVICES, LLC



Principal Place of Business  
5207 26TH STREET WEST  
BRADENTON, FL 34207

Mailing Address  
5207 26TH STREET WEST  
BRADENTON, FL 34207

**DO NOT WRITE IN THIS SPACE**

01192006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

CIPRIANO, ELIA A  
5207 26TH STREET WEST  
BRADENTON, FL 34207

**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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
CIPRIANO, ELIA A  
5207 26TH STREET WEST  
BRADENTON, FL 34207

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
CIPRIANO, LELIA M  
5207 26TH STREET WEST  
BRADENTON, FL 34207

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

700080085527  
09/22/06--01040--017 \*\*55.00

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

Date

Daytime Phone #

X 301

05-01-2006 941-753-0360