

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2007 08:00 AM
Secretary of State

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



04232007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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 of the individual who is the registered agent and the filer.

(If the registered agent is a corporation, the signature of the president or authorized officer is required.)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

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

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05/08/07-80002-012 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

STATE OF FLORIDA