

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 05, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000062086**

1. Entity Name  
**MAN REALTY, L.L.C.**



Principal Place of Business  
**28 INDIAN CREEK ISLAND ROAD  
INDIAN CREEK VILLAGE, FL 33154**

Mailing Address  
**28 INDIAN CREEK ISLAND ROAD  
INDIAN CREEK VILLAGE, FL 33154**

**DO NOT WRITE IN THIS SPACE**



07022007No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>26-1796313</b>	Applied For <input type="checkbox"/> 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**

**MOSKOVITZ, DANIEL ESQ.  
48 EAST FLAGLER STREET  
PH-104  
MIAMI, FL 33131**

**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 September 14, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM HOLTZ, JAVIER 28 INDIAN CREEK ISLAND ROAD INDIAN CREEK VILLAGE, FL 33154</b>
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR HOLTZ, ANDRIA 28 INDIAN CREEK ISLAND ROAD INDIAN CREEK VILLAGE, FL 33154</b>
--	---

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	
--	--

U00000767186  
07/06/07-80004-003 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 605, Florida Statutes.

**SIGNATURE:**

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

**JAVIER HOLTZ**

**7/2/07**

**305-866-8948**

Date

Daytime Phone #