2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

ANNUAL REPORT							L CT				
1. Entity Nam	e	# L0400064 MANOR, L.L.C.		FILED CRETARY OF STATE DIVISION OF CORPORATIONS 06 JUN 15 PM 2: 27							
C.:	(0:		NACES A debuga		<u> </u>	1					
Principal Place		\$	Mailing Address								
16105 NE 18TH AVE. No. Miami Beach, FL 33162			16105 NE 18TH AVE.								
NO. MIAMI BI	EACH, FL 3	3162	NO. MIAMI BEACH, FL 33162								
						1 1999/8/8 800 1		1101 1989 1986			
2. Principal P	lace of Busin	1ess	3. Mailing Address								
2. Thirtipart lace of business							HARRI MURANI MANIK MANIN AMERI		E2312 E11 121		
Suite, Apt. #, ctc.			Suite, Apt. #, etc.			06132006	Chg-LLC	CR2E08	3 (11/05)		
City & State			City & State			4. FEI Number 20-1368				plied For t Applicable	
Zip	p Country		Zip Coun		ntry	5. Certificate of			5.00 Add		
			<u> </u>			7. Name and Address of New Registered Agent			<u> </u>		
	6. Name	and Address of Current	Ness	7. Name and	Address of New Re	egistered A	gent				
DONES V	TOTOD K				Name						
RONES, V 16105 NE				Street Address			(P.O. Box Number is Not Acceptable)				
NO. MIAM											
	, ,				,					:	
					City			F1	Zip Code		
					0.17			FL	L.p.cod	1	
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 presed name of registered agent and little of applicable (NOTE Registered Agent signature required when remistating) DATE											
	signature, typed	or primed dame or registered agent	по пна и аррасавие (NO12	. надъзета	ici wdeut zidustnie ledinsko	when remstating)		DAIL		13.3	
Filing Fee Is \$50.00 Due by September 6, 2006							Florida	check pa Departme			
9.	•	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/		315 1 - 6		
TITLE	MGR Delete			7.17L	E				☐ Change	☐ Addition	
NAME	MILLMAN, HARRIS									_	
STREET ADDRESS	16105 NE	18TH AVE.		EET ADDRESS		20/06010/			75.00		
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FITLE	MGRM		Ociete	E				☐ Chaлge	☐ Addition		
NAME :	HAVEN E	CONOMIC DEVELOPA			ŧε				_ •	_	
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TITLE	Delete III								Change	☐ Addition	
NAME	NA STI				re. Eet address						
STREET ADDRESS					-ST-ZIP						
City-St-Zip			/								
11. 1 hereby certify that the information supplied with mis filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. If further certify that the information indicated on this report is true and account 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 coefficient or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.											
1/1 - 11 - 11 1/1 - M											
SIGNATURE: HATTIS MILLINON 6 14 954 423-163740										1/100	
	SIGNATURE	AND TYPED OR PRINTED NAME O	F SIGNING MANAGING MENBER, MAN	MAGER, OF	R AUTHORIZED REPRESE	NTATIVE	Date	Day	nime Phone #	- 1	