

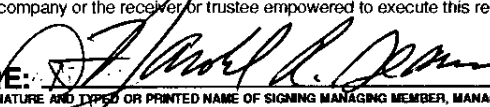


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 07, 2005 8:00 am**  
**Secretary of State**

01-07-2005 90024 047 \*\*\*\*50.00

<b>DOCUMENT # L04000069070</b> 1. Entity Name <b>MANATEE LOANS L.L.C.</b>					
Principal Place of Business <b>5320 14TH ST. W. #102 BRADENTON, FL 34207</b>				Mailing Address <b>5320 14TH ST. W. #102 BRADENTON, FL 34207</b>	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>264-94-2506</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>  <b>DEANS, HAROLD R 5320 14TH ST. W. #102 BRADENTON, FL 34207</b>				<b>7. Name and Address of New Registered Agent</b> Name <b>N/A</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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 <b>N/A</b> (NOTE: Registered Agent signature required when reinstating) DATE					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>OWNER Harold Deans 5320 14th St W Unit 102 Bradenton FL 34207</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM Harold Deans 5320 14 St W Unit 102 Bradenton FL 34207</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.					
<b>SIGNATURE:</b> 			Date <b>1/5/05</b> Daytime Phone # <b>941-753-9923</b>		

ATTACHMENT

20000204

L04000069070

MANATEE LOANS  
5320 14TH ST W UNIT 102  
BRADENTON, FL 34207

JANUARY 5, 2005

TALKED TO A-REPRESENTATIVE UP THERE-BLOCK 9 WRONGLY FILLED IN- SAID IT

WAS OK TO SEND AS IS-IF ANY QUESTIONS PLEASE CALL ME OR TOM FRENCH AT

941 753-9923.

THANK YOU IN ADVANCE

HAROLD DEANS

