2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# L04000069409

Entity Name: MANUEL, LLC

Current Principal Place of Business:

966 CANDLELIGHT BOULEVARD
BROOKSVILLE, FL 34601

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1931
BROOKSVILLE, FL 346051931

New Mailing Address:

FEI Number: 20-1687372 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MANUEL, CLIFFORD E SR.
966 CANDLELIGHT BOULEVARD
BROOKSVILLE, FL 34601 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: MANUEL, CLIFFORD E SR.
Address: 966 CANDLELIGHT BOULEVARD
City-St-Zip: BROOKSVILLE, FL 34601

Title: A ( ) Delete
Name: MOUNTAIN, LYNN L
Address: P.O. BOX 1931
City-St-Zip: BROOKSVILLE, FL 34605

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: AM (X) Change ( ) Addition
Name: MOUNTAIN, LYNN L
Address: P.O. BOX 1931
City-St-Zip: BROOKSVILLE, FL 34605

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LYNN L MOUNTAIN AM 01/14/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date