

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000032535

Entity Name: MANGAMERICA, LLC

FILED  
Jul 05, 2006  
Secretary of State

## Current Principal Place of Business:

ADRIAN ALEXANDRU  
1940 PARK AVE NO. 100  
MIAMI BEACH, FL 33131

## New Principal Place of Business:

ADRIAN ALEXANDRU  
1940 PARK AVE NO. 100  
MIAMI BEACH, FL 33139

## Current Mailing Address:

ADRIAN ALEXANDRU  
1940 PARK AVE NO. 100  
MIAMI BEACH, FL 33131

## New Mailing Address:

ADRIAN ALEXANDRU  
1940 PARK AVE NO. 100  
MIAMI BEACH, FL 33139

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

SHEA, THOMAS J III  
644 SE 4TH AVE  
FT LAUDERDALE, FL 33301 US

## Name and Address of New Registered Agent:

ADRIAN, ALEXANDRU  
1940 PARK AVE  
MIAMI, FL 33139 US

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: ADRIAN ALEXANDRU

07/05/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: P ( ) Change (X) Addition  
Name: ALEXANDRU, ADRIAN  
Address: 1940 PARK AVE  
City-St-Zip: MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify for the 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: ADRIAN ALEXANDRU

P

07/05/2006

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