

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000037123

FILED  
Feb 10, 2006  
Secretary of State

Entity Name: MANATEE PROPERTIES LLC

**Current Principal Place of Business:**

5211 HICKORY DRIVE  
FORT PIERCE, FL 34982

**New Principal Place of Business:**

**Current Mailing Address:**

5211 HICKORY DRIVE  
FORT PIERCE, FL 34982

**New Mailing Address:**

FEI Number: 20-2690524

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 US

**Name and Address of New Registered Agent:**

FIP INC  
5211 HICKORY DR  
FORT PIERCE, FL 34982 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: JOHN J MOONEY

02/10/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: CHIARA, MARY  
Address: 5211 HICKORY DRIVE  
City-St-Zip: FORT PIERCE, FL 34982

Title: MGR (X) Delete  
Name: MOONEY, JOHN  
Address: 5211 HICKORY DRIVE  
City-St-Zip: FORT PIERCE, FL 34982

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: MOONEY, JOHN J  
Address: 5211 HICKORY DRIVE  
City-St-Zip: FORT PIERCE, FL 34982

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

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: JOHN J MOONEY

MGR

02/10/2006

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