


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jul 15, 2008 8:00 am**  
**Secretary of State**

07-15-2008 90005 022 \*\*\*138.75

<b>DOCUMENT # L05000060482</b>	
1. Entity Name 1725 MANATEE AVENUE LLC	

Principal Place of Business 4941 46TH STREET, N.W. WASHINGTON, DC 20016 US	Mailing Address 4941 46TH STREET, N.W. WASHINGTON, DC 20016 US
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2. Principal Place of Business - No P.O. Box # <b>4700 6th Street South</b>	3. Mailing Address <b>4700 6th Street South</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Arlington VA</b>	City & State <b>Arlington VA</b>
Zip <b>22204</b>	Country <b>USA</b>
Zip <b>22204</b>	Country <b>USA</b>



07092008 Chg-LLC CR2E083 (12/06)

4. FEI Number 30-0321735	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008</b>	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHROEDER, STEVEN F 4941 46TH STREET, N.W. WASHINGTON, DC 20016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHROEDER, STEVEN F 4700 6th Street South Arlington, VA 22204 <input checked="" 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
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

**SIGNATURE:**  **7/9/08** **703-408-2663**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #