

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000060605

FILED  
Jan 26, 2006  
Secretary of State

Entity Name: MNCK, PL

**Current Principal Place of Business:**

1485 SW 157TH AVENUE  
PEMBROKE PINES, FL 33027

**New Principal Place of Business:**

**Current Mailing Address:**

1485 SW 157TH AVENUE  
PEMBROKE PINES, FL 33027

**New Mailing Address:**

FEI Number: 20-3060006

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

THE LAW OFFICE OF NYDIA MENENDEZ, LLC  
4925 SHERIDAN STREET  
SUITE 102  
HOLLYWOOD, FL 33021 US

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

THE LAW OFFICE OF NYDIA MENENDEZ, LLC  
2699 STIRLING ROAD  
SUITE B-200  
FORT LAUDERDALE, FL 33312 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:

01/26/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MANUEL FERNANDEZ,  
Address: 1485 SW 157 AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33027

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

**ADDITIONS/CHANGES:**

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

Title: MGRM ( ) Change (X) Addition  
Name: ZAMBRANA, NOREEN M  
Address: 1485 SW 157 AVE  
City-St-Zip: PEMBROKE PINES, FL 33027

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: MANUEL FERNANDEZ

MGR

01/26/2006

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