2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

05-01-2006 90074 011 ****55.00
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FILED
06 MAY 23 PM 2:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000069678

1. Entity Name
MANATEE FINANCIAL, LLC

Principal Place of Business	Mailing Address
C/O JEFFREY L. HOWARD 1200 NORTH FEDERAL HIGHWAY, SUITE 420 BOCA RATON, FL 33432	C/O JEFFREY L. HOWARD 1200 NORTH FEDERAL HIGHWAY, SUITE 420 BOCA RATON, FL 33432
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

02012006 Chg-LLC CR2E083 (11/05)

4. FEI Number — Applied For / [X] Not Applicable

5. Certificate of Status Desired [X] $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BUTZEL LONG, P.C.
1200 NORTH FEDERAL HIGHWAY, SUITE 420
BOCA RATON, FL 33432

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Member~~ ~~Jeffrey L. Howard~~ [ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Thomas D. Lasky 235 Guilford Rd. Bloomfield Hills, MI 48304 [ ] Change [X] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Jeffrey L. Howard Butzel Long 100 Bloomfield Hills Pkwy, Ste 200 Bloomfield Hills, MI 48304 [ ] Change [X] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	5/23 Elist [ ] Change [ ] Addition

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: [signature] JEFFREY L. HOWARD 4/11/06 248-258-3875
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

ATTACHMENT

JEFFREY L. HOWARD
BUTZEL LONG ATTORNEYS AND COUNSELORS
100 BLOOMFIELD HILLS PKWY. SUITE 200
BLOOMFIELD HILLS, MI 48304

200412400
#L05000069678

April 25, 2006

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06 MAY 23 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Divisions of Corporations
P.O. Box 6478
Tallahassee, FL 32314

Re: Certificate of Status Mailing Address

Enclosed please find the member information and filing fee check in the amount of $55.00 (filing fee plus Certificate of Status). Please mail the Certificate of Status to the following address:

Jeffrey L. Howard
Butzel Long
100 Bloomfield Hills Pkwy, Suite 200
Bloomfield Hills, MI 48304

If you have any questions please feel free to contact me at the phone number listed below. I appreciate your assistance with this matter.

Very truly yours,

Jeffrey L. Howard /amc

Jeffrey L. Howard

PHONE: (248) 258-3875 FACSIMILE: (248) 258-1439