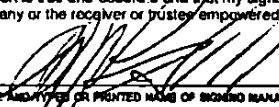


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

05-01-2006 9007401T *****55.00
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06 MAY 23 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000069678					
1. Entity Name MANATEE FINANCIAL, LLC					
Principal Place of Business C/O JEFFREY L. HOWARD 1200 NORTH FEDERAL HIGHWAY, SUITE 420 BOCA RATON, FL 33432			Mailing Address 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	4. FEI Number	
				Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☒				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BUTZEL LONG, P.C. 1200 NORTH FEDERAL HIGHWAY, SUITE 420 BOCA RATON, FL 33432			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 reappointing)					
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-STATE-ZIP	Member Jeffrey L. Howard ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MEM Thomas D. Lasky ☐ Change ☒ Addition 235 Guilford Rd. Bloomfield Hills, MI 48304		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MEM Jeffrey L. Howard ☐ Change ☒ Addition Butzel Long 100 Bloomfield Hills Rwy, Ste 200 Bloomfield Hills, MI 48304 ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ 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: 			JEFFREY L. HOWARD 4/11/06 248-258-3875		
SIGNATURE, TYPED OR PRINTED NAME OF BOARD 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

April 25, 2006

20641240
#L05000069678

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

FILED
06 MAY 28 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA