


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90034 005 ***138.75

DOCUMENT # L05000095271

1. Entity Name
MANLAND, L.L.C.



Principal Place of Business
5205 SARASOTA COURT
CAPE CORAL, FL 33904

Mailing Address
5205 SARASOTA COURT
CAPE CORAL, FL 33904

1 correct address
new mailing address

60038996



2. Principal Place of Business - No P.O. Box #
5 Topoka Court

3. Mailing Address
5 Topoka Court

Suite, Apt. #, etc.
Topon Falls NJ

City & State
Topon Falls NJ

City & State
CAPE CORAL FL

Zip
07712

Country
USA

Zip
07712

Country
USA

04082008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-4004828

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

MANSSON, JONAS
5205 SARASOTA COURT
CAPE CORAL, FL 33904

new address for mailing →

7. Name and Address of New Registered Agent

Name
JONAS MANSSON

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

City
Topon Falls

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	ACKLAND, MICHAEL K	99 RED OAK LANE, WEST	BARNSTABLE, MA 02668	<input type="checkbox"/>
MGRM	MANSSON, JONAS	5205 SARASOTA COURT	CAPE CORAL, FL 33904	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: _____ Date: **4/29/08** Daytime Phone #: **239 225 8682**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE