

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000100197

Entity Name: THE MANN'S DREAM LLC

FILED
Jan 04, 2007
Secretary of State

Current Principal Place of Business:

17470 MEADOW LAKE CIRCLE
FORT MYERS, FL 33912

New Principal Place of Business:

17470 MEADOW LAKE CIRCLE
FORT MYERS, FL 33967

Current Mailing Address:

17470 MEADOW LAKE CIRCLE
FORT MYERS, FL 33912

New Mailing Address:

17470 MEADOW LAKE CIRCLE
FORT MYERS, FL 33967

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANN, KATHY
17470 MEADOW LAKE CIRCLE
FORT MYERS, FL 33912 US

Name and Address of New Registered Agent:

MANN, KATHY
17470 MEADOW LAKE CIRCLE
FORT MYERS, FL 33967 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:

01/04/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MANN, JAMES
Address: 17470 MEADOW LAKE CIRCLE
City-St-Zip: FORT MYERS, FL 33912

Title: MGRM () Delete
Name: MANN, KATHY
Address: 17470 MEADOW LAKE CIRCLE
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MANN, JAMES
Address: 17470 MEADOW LAKE CIRCLE
City-St-Zip: FORT MYERS, FL 33967

Title: MGRM (X) Change () Addition
Name: MANN, KATHY
Address: 17470 MEADOW LAKE CIRCLE
City-St-Zip: FORT MYERS, FL 33967

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: KATHY MANN

MGRM

01/04/2007

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