

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000105271

Entity Name: MANA, LLC

FILED
Apr 28, 2006
Secretary of State

Current Principal Place of Business:

345 OCEAN DRIVE
#514
MIAMI BEACH, FL 33139 US

New Principal Place of Business:

Current Mailing Address:

345 OCEAN DRIVE
#514
MIAMI BEACH, FL 33139 US

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COOPER, GLENN M ESQ.
1560 SAWGRASS CORPORATE PARKWAY
4TH FLOOR
SUNRISE, FL 33323 US

Name and Address of New Registered Agent:

COOPER, GLENN M ESQ.
150 SOUTH PINE ISLAND RD
SUITE 105
PLANTATION, FL 33324 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: GLENN M. COOPER

04/28/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FINE CATERING & EVEN, TS COMPANY, LL C
Address: 90 ALTON RD., #2805
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: MGRM () Delete
Name: NAMKO, LLC,
Address: 345 OCEAN DRIVE, #514
City-St-Zip: MIAMI BEACH, FL 33139 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FINE CATERING & EVEN, TS COMPANY, LL C
Address: 90 ALTON RD., #3109
City-St-Zip: MIAMI BEACH, FL 33139 US

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

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: MATHIEU GIRAUD

MGRM

04/28/2006

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