## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Jun 01, 2007 8:00 am Secretary of State 05-02-2007 90355 024 \*\*\*\*50.00

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DOCUMENT # L06000008316  1. Entity Name MANORHOUSE INTERNATIONAL HOLDINGS, LLC			2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Vincipal Place of Business Mailing Address 2831 RINGLING BLVD 2831 RINGLING BLVD SUITE 211-D SUITE 211-D SARASOTA, FL 34237 SARASOTA, FL 34237			
2. Principal Place of Business - No P.O. Box #	Principal Place of Business - No P.O. Box # 3. Mailing Address		
Suite, Apt. #, etc. Suite, Apt. #, etc.			05012007 Chg-LLC CR2E083 (12/06)
City & State	City & State		4. FEI Number Applied For Not Applicable
Zip Country	Ziρ	Country	Certificate of Status Desired
A Name and Aridress of Current I	Registered Agent	Name	7. Name and Address of New Registered Agent
Appel, Stanley 2831 RINGLING BLVD SUITE 211-D		Street Address	(P.O. Box Number is Not Acceptable)
SARASOTA, FL 34237			
The shows perced entity submits this statement for	the number of shadains its	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 early e	nd title if applicable (NOTE:	Registered Agent signature required	d when reinstating) DATE
Filing Fee is \$50.00 Due by May 1, 2007	1		Make check payable to Florida Department of State
9. MANAGING MEMBER	RS/MANAGERS	10.	ADDITIONS/CHANGES
MANORHOUSE INTERNATIONA STRET ADDRESS 2831 RINGLING BLVD, SUITE 21 CITY-51-2P SARASOTA, FL 34237	L, LLC	MAME STREET ADDRESS CITY-ST-ZIP	_ Council
line	☐ Defeta	TITLE	Change Addition
MAME Street address City-St-Zep		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	☐ Delete	TITLE NAME	Ctange Addition
STREET AOORESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	☐ Delete	TITLE NAME	Change Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE MAME STREET ADDRESS	☐ Delete	NTLE NAME STREET ADDRESS	☐ Change ☐ Addition
11. I hereby certify that the information supplied with	this filing does not qualify for t	CITY-ST-ZIP	in Chapter 119. Florida Statutes   further certify that the information
11. I hereby certify that the information supplied with this filling 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:	- layer	1	5-1-07 941 365-46/7