

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2007 AUG -8 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # L06000032765					
1. Entity Name MANNY OF SOUTH DADE, LLC					
Principal Place of Business % WILLIAM AARON, ESQ. 201 SOUTH BISCAYNE BLVD., STE 850 MIAMI, FL 33131-4332			Mailing Address % WILLIAM AARON, ESQ. 201 SOUTH BISCAYNE BLVD., STE 850 MIAMI, FL 33131-4332		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 07272007 Chg-LLC CR2E083 (12/06)	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GUTTENMACHER, EDWARD P 7301 SW 57TH COURT SUITE 560 SOUTH MIAMI, FL 33143			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM INSUA, MANUEL H TRUSTEE SOUTH BISCAYNE BLVD., STE 850 MIAMI, FL 331314332		TITLE NAME STREET ADDRESS CITY - ST - ZIP	200108390642 08/21/07--01058--016 ***600.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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:			7/26/07 (305) 666-1040		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		