FILED
Jun 30, 2008 8:00 am
Secretary of State

05-09-2008 90063 007 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000032765

1. Entity Name
MANNY OF SOUTH DADE, LLC

30010061

Principal Place of Business	Mailing Address
% WILLIAM AARON, ESQ. 201 SOUTH BISCAYNE BLVD., STE 850 MIAMI, FL 33131-4332	% WILLIAM AARON, ESQ. 201 SOUTH BISCAYNE BLVD., STE 850 MIAMI, FL 33131-4332

02062008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
MANUEL H. INSUA	MANUEL H. INSUA
Suite, Apt. #, etc. 11700 SW 72 AVE	Suite, Apt. #, etc. 11700 SW 72 AVE
City & State PINECREST FL	City & State PINECREST FL
Zip 33156 Country USA MIA DADE	Zip 33156 Country USA MIA DADE

4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GUTTENMACHER, EDWARD P 7301 SW 57TH COURT SUITE 560 SOUTH MIAMI, FL 33143	Name MANUEL H. INSUA Street Address (P.O. Box Number is Not Acceptable) 11700 SW 72 AVE PINECREST City PINECREST FL Zip Code 33156

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 Manuel H. Insua — 4-23-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM INSUA, MANUEL H TRUSTEE SOUTH BISCAYNE BLVD., STE 850 MIAMI, FL 331314332	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM INSUA, MANUEL H. TRUSTEE 11700 SW 72 AVE PINECREST FL 33156	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Manuel H. Insua, PRES. 4-23-08 305 245-6929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #