

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90163 023 ****50.00

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03142007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000049671 1. Entity Name MANOR HOME, L.L.C.					
Principal Place of Business 301 GRINDSTONE LANE MILLER'S CREEK, NC 28651			Mailing Address 301 GRINDSTONE LANE MILLER'S CREEK, NC 28651		
2. Principal Place of Business - No P.O. Box # 3987 GORDON Rd. Suite, Apt. #, etc.		3. Mailing Address 3987 GORDON RD. Suite, Apt. #, etc.			
City & State BIG PINE KEY, FL Zip 33043 Country USA		City & State BIG PINE KEY, FL Zip 33043 Country USA		4. FEI Number 20-4956728 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent KILLINGBECK, MADELINE 3987 GORDON ROAD BIG PINE KEY, FL 33043			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 May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KILLINGBECK, MADELINE 301 GRINDSTONE LANE MILLER'S CREEK, NC 28651 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KILLINGBECK, MADELINE 3987 GORDON ROAD BIG PINE KEY, FL 33043 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KILLINGBECK, JERRY 301 GRINDSTONE LANE MILLER'S CREEK, NC 28651 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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	
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	
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: <u>Madeline Killingbeck</u> Madeline Killingbeck 3-18-07 305-872-4933 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					