2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 06, 2007
Secretary of State

DOCUMENT# L06000056906

Entity Name: MANISA, LLC

Current Principal Place of Business:

4508 SE 14TH ST
OCALA, FL 34471

New Principal Place of Business:

20049 E. PENNSYLVANIA AVE.
DUNNELLON, FL 34432

Current Mailing Address:

4508 SE 14TH ST
OCALA, FL 34471

New Mailing Address:

20049 E. PENNSYLVANIA AVE.
DUNNELLON, FL 34432

FEI Number: 20-4977258 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CAMPS, MANUEL D
4508 SE 14TH ST
OCALA, FL 34471 US

Name and Address of New Registered Agent:

CAMPS, MANUEL D
20049 E. PENNSYLVANIA AVE.
DUNNELLON, FL 34432 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: MANUEL CAMPS 01/06/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: CAMPS, MANUEL D
Address: 4508 SE 14TH ST
City-St-Zip: OCALA, FL 34471

Title: MGRM ( ) Delete
Name: CAMPS, ISABEL G
Address: 4508 SE 14TH ST
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: CAMPS, MANUEL D
Address: 20049 E. PENNSYLVANIA AVE.
City-St-Zip: DUNNELLON, FL 34432

Title: MGRM (X) Change ( ) Addition
Name: CAMPS, ISABEL G
Address: 20049 E. PENNSYLVANIA AVE.
City-St-Zip: DUNNELLON, FL 34432

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: MANUEL CAMPS MGR 01/06/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date