


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 08, 2008 08:00 AM**  
**Secretary of State**

|                                                                 |                                                                                   |
|-----------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L06000111996</b><br>1. Entity Name<br>MANNER, LLC |  |
|-----------------------------------------------------------------|-----------------------------------------------------------------------------------|

Principal Place of Business  
1734 CAPE CORAL PKWY EAST  
CAPE CORAL, FL 33904

Mailing Address  
1734 CAPE CORAL PKWY EAST  
CAPE CORAL, FL 33904



02052008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

|                                 |                               |
|---------------------------------|-------------------------------|
| 4. FEI Number<br>NOT APPLICABLE | Applied For<br>Not Applicable |
|---------------------------------|-------------------------------|

|                                                           |                                          |
|-----------------------------------------------------------|------------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional<br>Fee Required |
|-----------------------------------------------------------|------------------------------------------|

**6. Name and Address of Current Registered Agent**

MANNER, RICHARD  
1734 CAPE CORAL PKWY EAST  
CAPE CORAL, FL 33904

**DO NOT WRITE  
IN THIS SPACE**

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 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**

**9. MANAGING MEMBERS/MANAGERS**

|                                                |                                                                              |
|------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>MANNER, RICHARD<br>1734 CAPE CORAL PKWY EAST<br>CAPE CORAL, FL 33904 |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
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000000821523  
02/19/08-80028-004 138.75

**DO NOT WRITE  
IN THIS SPACE**

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** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_