2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000119489

Entity Name: MANNING REAL ESTATE, L.L.C.

FILED Apr 21, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 10900 PHILLIPS HIGHWAY JACKSONVILLE, FL 32256 **Current Mailing Address: New Mailing Address:** 10900 PHILIPS HIGHWAY JACKSONVILLE, FL 32255 FEI Number: 20-8090268 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ANSBACHER & SCHNEIDER, P.A. CISSEL, JAMES H 5150 BELFORT ROAD, BLDG 100 10900 PHILIPS HIGHWAY JACKSONVILLE, FL 32256 JACKSONVILLE, FL 32256 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: JAMES H CISSEL 04/21/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition MGR () Delete CISSEL, JAMES H Name: Name: 10900 PHILIPS HIGHWAY Address: Address: City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: Title: MGR Title: () Delete () Change () Addition TRAVIS, WILLIAM Name: Name: Address: 10900 PHILIPS HIGHWAY Address: City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: Title: MGR () Delete Title: () Change () Addition MANNING, KIRBY W Name: Name: 10900 PHILIPS HIGHWAY Address: Address: City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: NOHEJL, MIKE Name: 10900 PHILIPS HIGHWAY Address: Address: City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: Title: MGR () Delete Title: () Change () Addition BEHRENS, DEAN Name: Name: 10900 PHILIPS HIGHWAY Address: Address: City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: Title: () Delete Title: () Change () Addition ZILLER, JOSEPH Name: Name: Address: 10900 PHILIPS HIGHWAY Address: JACKSONVILLE, FL 32256 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JAMES H CISSEL MGR 04/21/2009