


138.75

## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

|  |  |                                 |   |   |  |
|--|--|---------------------------------|---|---|--|
| <b>DOCUMENT # L07000040257</b>   |  |                                 |   |                |  |
| 1. Entity Name<br><b>MANA DESIGN LLC</b>   |  |                                 |   |   |  |
| Principal Place of Business<br><b>2665 SOUTH BAYSHORE DRIVE<br/>SUITE 703<br/>MIAMI, FL 33133</b>  |  |                                 | Mailing Address<br><b>2665 SOUTH BAYSHORE DRIVE<br/>SUITE 703<br/>MIAMI, FL 33133</b> |   |  |
| 2. Principal Place of Business - No P.O. Box #   |  |                                 | 3. Mailing Address  |   |  |
| Suite, Apt. #, etc.  |  |                                 | Suite, Apt. #, etc.   |   |  |
| City & State   |  |                                 | City & State  |   |  |
| Zip  | Country  | Zip                             | Country   | 4. FEI Number<br><b>20-8853967</b>  |  |
|  |  |                                 |   | Applied For<br>Not Applicable   |  |
|  |  |                                 |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent<br><b>WORLD CORPORATE SERVICES, INC.<br/>2665 SOUTH BAYSHORE DRIVE<br/>SUITE 703<br/>MIAMI, FL 33133</b>   |  |                                 |   | 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 _____  |  |                                 |   |   |  |
| <b>FILE NOW!!! FEE IS \$138.75<br/>After May 1, 2008 Fee will be \$538.75</b>  |  |                                 |   | <b>Make check payable to<br/>Florida Department of State</b>                                    |  |
| 9. MANAGING MEMBERS/MANAGERS   |  |                                 | 10. ADDITIONS/CHANGES   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGR<br>TRAPP, OLIVIA<br>2665 SOUTH BAYSHORE DRIVE<br>MIAMI, FL 33133 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>\$7518</b>  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                    | <b>800129445858</b><br><b>05/14/08--01015--008 **977.50</b>                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>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: <b>Timothy D. Richards</b> <b>4-24-08 (305) 858-9900</b>  |  |                                 |   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #   |  |                                 |   |   |  |