## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Mar 10, 2008 8:00 am Secretary of State

DOCUMENT # L07000081216  1. Entity Name J L MANTER ENTERPRISES, LLC				03-10-2008 90333 012 ***138.75		
Principal Plac	e of Business	Mailing Address		0001000		
		10417 N HAMNER AV				
10417 N HAMNER AV Tampa, Fl 33612 US		TAMPA, FL 33612 US				
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2. Principal P	flace of Business - No P.O. Box #	3. Mailing Address		4 INTRINST OT BOILD SOUTH TOUR BOILD USER OF SOUTH	EIO IZEOFIZOID BIIODI III IODE	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		01082008 Cha-LLC CR2E0	002 (40/00)	
				1.3	083 (12/06)	
City & Stat	е	City & State		4. FEI Number	Applied For	
7:-	Country	Zip	Country	26-0632976	Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$5.00 Additional Fee Required	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered	Agent	
			Name			
	DEZ, JENNIFER		Street Address	Street Address (P.O. Box Number is Not Acceptable)		
10417 N H TAMPA, FI	IAMNER AV		- Street Address	Siret Address (F.O. Dox Hamber is 140 Addeptions)		
170M1741	2 33012					
			City	FL	Zip Code	
				<del>-</del>	familia with and annual	
8. The above the obligat	inamed entity submits this statement loations of registered agent.	rine purpose of changing its re	egistered office or regis	tered agent, or both, in the State of Florida. I am	rammar with, and accept	
1 1 1	And had to			3/5/0	Š	
SIGNATURE	Symptore, typed or printed name of resistate states or	the fille it nominatore. (NOTE: R	Registered Agent signature requi	ired when reinstating) DATE	· · · · · · · · · · · · · · · · · · ·	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75						
FILE	NOW!!! FEE IS \$138.75 1, 2008 Fee will be \$538.75			Make check p Florida Departm	•	
FILE After May	√1, 2008 Fee will be \$538.75		<b>E</b> 10.	Florida Departm	ent of State	
FILE After May	/1, 2008 Fee will be \$538.75	RS/MANAGERS	10.	,	sent of State	
FILE After May 9.	√1, 2008 Fee will be \$538.75		10. TITLE	Florida Departm	ent of State	
FILE After May 9.	MANAGING MEMBE	RS/MANAGERS	TITLE NAME STREET ADDRESS	Florida Departm	sent of State	
9. IIILE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MGRM HERNANDEZ, JENNIFER	RS/MANAGERS	TITLE NAME	Florida Departm	Change Addition	
9.  IIILE NAME STREET ADDRESS CITY-SI-ZIP.	MANAGING MEMBE MGRM HERNANDEZ, JENNIFER 10417 N HAMNER AV	RS/MANAGERS	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Florida Departm	sent of State	
9.  IIILE NAME STREET ADDRESS CITY-SI-ZIP. TITLE NAME	MANAGING MEMBE MGRM HERNANDEZ, JENNIFER 10417 N HAMNER AV	RS/MANAGERS  Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Florida Departm	Change Addition	
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11. Thereby 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 eath; that 1 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:

TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

35/08

813963111

Daytime Phone #