

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L97000000311**

1. Entity Name  
**MANAVE L.C.**



Principal Place of Business

**5305 W. MANATEE AVE  
BRADENTON, FL 34209**

Mailing Address

**2106 BISPHAM ROAD  
SUITE B  
SARASOTA, FL 34231**



01052006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0733252**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**LPS CORPORATE SVCS INC.  
46 NORTH WASHINGTON BLVD  
SUITE 1  
SARASOTA, FL 34236**

**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

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	891157 ONTARIO INC.
STREET ADDRESS	253 ROBINA ROAD
CITY-ST-ZIP	ANCASTER, ONTARIO L9G 2L6,
TITLE	MGRM
NAME	BALSALM L. CORPORATION
STREET ADDRESS	95 ST CLAIR AVE W, #1605
CITY-ST-ZIP	TORONTO, ONTARIO M4V 1N6,
TITLE	MGRM
NAME	ENDING HOLDINGS INC.
STREET ADDRESS	158 WARREN ROAD
CITY-ST-ZIP	TORONTO, ONTARIO, CN
TITLE	MGRM
NAME	SANVIN, INC.
STREET ADDRESS	46 N WASHINGTON BLVD
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	MGRM
NAME	994362 ONTARIO LIMITED
STREET ADDRESS	60 LAURENTIDE DRIVE
CITY-ST-ZIP	DON MILLS, ONTARIO M3A 3C9,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000391021  
01/26/06 80026-013 50.00

**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:**

*Chene E. Lowe*

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

1/18/06

941 924 8786

Date

Daytime Phone #