

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90072 022 ****50.00

DOCUMENT # L97000000519					
1. Entity Name LIANA MANNING, L.C.					
Principal Place of Business 930 N.W. 44TH STREET OAKLAND PARK, FL 33309			Mailing Address 19150 FOX LANDING DR. BOCA RATON, FL 33434		
2. Principal Place of Business 944 W. Prospect Rd		3. Mailing Address 944 W. Prospect Rd			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Oakland Park, FL		City & State Oakland Park, FL		4. FEI Number 65-0753295	
Zip 33309		Country Broward		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MANNING, SUSAN 19150 FOX LANDING DR. BOCA RATON, FL 33434			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 <i>Susan Manning</i>		DATE <i>3/29/06</i>			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGRM NAME MANNING, CHRISTOPHER STREET ADDRESS 19150 FOX LANDING DR. CITY-ST-ZIP BOCA RATON, FL 33434	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGRM NAME MANNING, JOSEPH STREET ADDRESS 18120 FOX LANDING DRIVE CITY-ST-ZIP BOCA RATON, FL 33434	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGRM NAME MANNING, SUSAN STREET ADDRESS 19150 FOX LANDING DR. CITY-ST-ZIP BOCA RATON, FL 33434	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGRM NAME MANNING, MARIA STREET ADDRESS 19120 FOX LANDING DRIVE CITY-ST-ZIP BOCA RATON, FL 33434	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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: <i>Susan Manning</i>		DATE <i>3/29/06</i>		Daytime Phone # <i>954 772-7663</i>	
Signature and typed or printed name of signing managing member, manager, or authorized representative		Date		Daytime Phone #	