04-02-2003 90012 044 ****50.00
L99000000943

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

4/2

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUL 22 AM 10:47

DOCUMENT # L99000000943

1. Entity Name
MANNA FROM HEAVEN, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| C/O RICHMAN,DEIFIK, LANIER & ROSS,PA<br>2640 GLDEN GATE PARKWAY SUITE 206<br>NAPLES FL 34105 | C/O RICHMAN,DEIFIK, LANIER & ROSS,PA<br>2640 GLDEN GATE PARKWAY SUITE 206<br>NAPLES FL 34105 |

☐ CHECK HERE IF MAKING CHANGES

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-3557556 ☐ Applied For ☐ Not Applicable

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 |
|---|---|
| RICHMAN, DEIFIK, LANIER & ROSS, PA<br>2640 GOLDEN GATE PARKWAY, #206<br>ATTN: DONALD K. ROSS, JR.<br>NAPLES FL 34105 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $50.00**
**Make Check Payable to Florida Department of State**
**Due By May 1, 2003**

| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MEM<br>CLARKE, MATTHEW R<br>9175 THE LANE<br>NAPLES FL 34109 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MEM<br>CLARKE, MATTHEW R.<br>1291 NAPLES LAKE DR.<br>NAPLES, FL 34104 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>CLARKE, ANDREW D<br>179 CYPRESS WAY E., #101<br>NAPLES FL 34110 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>CLARKE, ANDREW D.<br>812 GRAND RAPIDS BLVD<br>NAPLES, FL 34120 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MEM<br>CLARKE, KIM M<br>9175 THE LANE<br>NAPLES FL 34109 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MEM<br>CLARKE, KIM M<br>1123 MANCHESTER PL<br>NAPLES, FL, 34110 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E083 (10/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** SIGNATURE REQUIRED 03/18/03 239-593-4948
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #