

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT# L99000005473**

1. Entity Name  
**MANATEE REAL ESTATE, L.L.C.**



Principal Place of Business  
**7120 ST. JOHN'S WAY  
UNIVERSITY PARK, FL 34201**

Mailing Address  
**7120 ST. JOHN'S WAY  
UNIVERSITY PARK, FL 34201**



04262004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3595349**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**JENKINS, ROSE M  
1103 FLORIDA AVENUE, STE 4  
PALM HARBOR, FL 34683**

**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, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LESUR, PATRICK 7120 ST JOHN'S WAY UNIVERSITY PARK, FL 34201
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LESUR, DOMINIQUE L 7120 ST JOHNS'S WAY UNIVERSITY PARK, FL 34201
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U.S. DEPT. OF TREASURY  
04/30/04 08:00 AM - L26 100,000

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPE, OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #