SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF

## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## May 01, 2006 08:00 AM Secretary of State DOCUMENT # L99000009123 1. Entity Name MANNING CAPITAL HOLDING, LLC Principal Place of Business Mailing Address 220 SW 27TH STREET 220 SW 27TH STREET FORT LAUDERDALE, FL 33315 FORT LAUDERDALE, FL 33315 CR2E083 (11/05) 04272006 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 65-0970659 \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MANNING, RICHARD DO NOT WRITE 220 SW 27TH STREET FORT LAUDERDALE, FL 33315 IN THIS SPACE 8. The above named entity sybmits 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 (NOTE Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 9. MANAGING MEMBERS/MANAGERS TITLE MGRM MANNING, RICHARD V NAME STREET ADDRESS 220 SW 27TH STREET U00000549693 05/13/06-80032-010 **50.**00 CITY-ST-ZIP FORT LAUDERDALE, FL 33312 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 accurage and that ply 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 of trustee epiphwered to execute this report as required by Chapter 608, Florida Statutes.

NING MANAGER MEMBER, OR AUTHORIZED REPRESENTATIVE

**FILED** 

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