

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000000668

Entity Name: MANIVA CONSULTING LLC

FILED  
Jan 22, 2007  
Secretary of State

**Current Principal Place of Business:**

5509 GRAND BLVD.  
SUITE 304  
NEW PORT RICHEY, FL 34652

**New Principal Place of Business:**

**Current Mailing Address:**

5509 GRAND BLVD.  
SUITE 304  
NEW PORT RICHEY, FL 34652

**New Mailing Address:**

FEI Number: 59-3616499

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WALTHER, BIRGIT  
5509 GRAND BLVD.  
SUITE 304  
NEW PORT RICHEY, FL 34652 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: WALTHER, THOMAS  
Address: 6125 BAYSIDE DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: MGR ( ) Delete  
Name: WALTHER, BIRGIT  
Address: 6125 BAYSIDE DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34652 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: WALTHER, THOMAS  
Address: 5509 GRAND BLVD., SUITE 304  
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: MGR (X) Change ( ) Addition  
Name: WALTHER, BIRGIT  
Address: 5509 GRAND BLVD., SUITE 304  
City-St-Zip: NEW PORT RICHEY, FL 34652 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BIRGIT WALTHER

MGR

01/22/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date