

**FILED**  
**Feb 24, 2002 8:00 am**  
**Secretary of State**

01-24-2002 90353 003 \*\*\*\*50.00

# 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # M01000000374**

1. Entity Name

MANTA PROPERTIES, L.L.C.

MARK F. MANTA  
 6931 LENNOX PLACE  
 UNIVERSITY PARK FL. 34201

MARK F. MANTA  
 6931 LENNOX PLACE  
 UNIVERSITY PARK FL. 34201

13700



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6931 LENNOX PL		3. Mailing Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State UNIVERSITY PARK FL		City & State	
Zip 34201	Country USA	Zip	Country
4. FEI Number 36-4125752		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	

## 6. Name and Address of Current Registered Agent

OLSON, PAUL E  
 1778 RINGLING BLVD.  
 SARASOTA FL 34236

## 7. Name and Address of New Registered Agent

MARK F. MANTA  
 6931 LENNOX PLACE  
 UNIVERSITY PARK FL. 34201

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.

SIGNATURE

*Mark F. Manta* MANAGING MEMBER  
 (NOTE: Registered Agent signature required when reinstating)  
 DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. AGENTS		10. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
MARK F. MANTA 6931 LENNOX PLACE UNIVERSITY PARK FL. 34201	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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 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 60B, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Mark F. Manta* 2/15/02 9413515884

CR2083 (9/01)