## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Jan 07, 2005 08:00 AM DOCUMENT # M01000000374 **Secretary of State** MANTA PROPERTIES, L.L.C. Principal Place of Business Mailing Address 6931 LENNOX PL 6931 LENNOX PL ATTN: MARK F. MANTA ATTN: MARK F. MANTA BRADENTON, FL 34201 BRADENTON, FL 34201 UŞ 01042005 No Chg-LLC CR2F083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 36-4125752 Not Applicable \$5.00 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent MANTA, MARK F DO NOT WRITE 6931 LENNOX PL BRADENTON, FL 34201 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. (NOTE. Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE MANTA, MARK F NAME STREET ADDRESS 6931 LENNOX PL CITY-ST-7/P UNIVERSITY PARK, FL 34201 TITLE 01/07/05-80013-012 50.00 NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAM. STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

11. I hereby certify that the Information supplied with this filling 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 cath; that I am a managing member or manager of the limited tiability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

CITY-ST-ZIP

Date

Daytime Phone #

**FILED**