2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2005 08:00 AM
Secretary of State

DOCUMENT # M02000002250

1. Entity Name
MANUFACTURER DIRECT, LLC

Principal Place of Business	Mailing Address
6192 VIA VENETIA NORTH DELRAY BEACH, FL 33484	6192 VIA VENETIA NORTH DELRAY BEACH, FL 33484

DO NOT WRITE IN THIS SPACE

03112005No Chg-LLC CR2E083 (10/03)

4. FEI Number
43-1972127

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

OPPER, RONALD
6192 VIA VENETIA NORTH
DELRAY BEACH, FL 33484

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

UN0000292551
04/07/05-80074-023 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	OPPER, RONALD
STREET ADDRESS	6192 VIA VENETIA NORTH
CITY-ST-ZIP	DELRAY BEACH, FL 33484
TITLE	MGR
NAME	GOLDEN, FRAN
STREET ADDRESS	6192 VIA VENETIA NORTH
CITY-ST-ZIP	DELRAY BEACH, FL 33484
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: FRAN GOLDEN 4/5/05 561-688-5688

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #