


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # M03000001969					
<b>1. Entity Name</b> MANI, LLC					
Principal Place of Business 6847 E. DARTMOUTH AVE. DENVER CO 80224			Mailing Address 6847 E. DARTMOUTH AVE. DENVER CO 80224		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>4. FEI Number</b>				<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b>				<input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
FONT, GEORGE 5690 SOUTHWEST 4 ST. MIAMI FL 33134			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
<b>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.</b>					
SIGNATURE <i>George Font</i>		(NOTE: Registered Agent signature required when reinstating) DATE <i>2/14/04</i>			
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2004</b>					
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR STROMAN, MORRIS MICHAEL 6847 E. DARTMOUTH AVE. DENVER CO 80224 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	U00000055023 02/17/04-80020-008 55.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR STROMAN, HORTENSIA C 6847 E. DARTMOUTH AVE. DENVER CO 80224 <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	
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**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:** *Alise C. Le* *Hortensia C. Stroman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*2/11/04* 303-756-7167  
Daytime Phone #