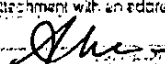


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90041 017 ***150.00

DOCUMENT # P04000013271			
1. Entity Name MANNING LBK, INC.			
Principal Place of Business 1050 RINGLING BLVD. SARASOTA, FL 34236		Mailing Address 1050 RINGLING BLVD. SARASOTA, FL 34236	
2. Principal Place of Business 1990 Main Street Suite, Apt. #, etc. Suite 801 City & State Sarasota FL Zip 34236		3. Mailing Address 1990 Main Street Suite, Apt. #, etc. Suite 801 City & State Sarasota FL Zip 34236	
01102008 Chg-P CR2EJ34 (11/05)		4. FEI Number 20-0880636	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		Accepted For Not Applicable	
6. Name and Address of Current Registered Agent DOERR, KENNETH D 240 S. PINEAPPLE AVENUE 10TH FLOOR SARASOTA, FL 34236		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (Signature, typed or printed name of registered agent and state if applicable) (NOTE: Registered Agent Signature required with filing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANNING, ALAN 1050 RINGLING BLVD. SARASOTA, FL 34236	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 1990 Main Street, Suite 801 Sarasota FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANNING, BARBARA 1050 RINGLING BLVD. SARASOTA, FL 34236	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 1990 Main Street, Suite 801 Sarasota FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 149, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee and am empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		DATE: 2/15/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			