02/09/2006 23:54 9419559390 KERKERING B/

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

02-15-2006 90041 017 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000013271

1. Entity Name
MANNING LBK, INC.

Principal Place of Business	Mailing Address
~~1050 RINGLING BLVD.~~	~~1050 RINGLING BLVD.~~
~~SARASOTA, FL 34236~~	~~SARASOTA, FL 34236~~

01102006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
1990 Main Street	1990 Main Street
Suite, Apt. #, etc. Suite 801	Suite, Apt. #, etc. Suite 801
City & State Sarasota FL	City & State Sarasota FL
Zip 34236 Country	Zip 34236 Country

4. FEI Number 20-0880636 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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 title if applicable (NOTE: Registered Agent signature required when reinstating) 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 10	
TITLE	D	☐ Delete	TITLE	☑ Change ☐ Addition
NAME	MANNING, ALAN		NAME	
STREET ADDRESS	~~1050 RINGLING BLVD.~~		STREET ADDRESS	1990 Main Street Suite 801
CITY-ST-ZIP	~~SARASOTA, FL 34236~~		CITY-ST-ZIP	Sarasota FL 34236
TITLE	D	☐ Delete	TITLE	☑ Change ☐ Addition
NAME	MANNING, BARBARA		NAME	
STREET ADDRESS	~~1050 RINGLING BLVD.~~		STREET ADDRESS	1990 Main Street, Suite 801
CITY-ST-ZIP	~~SARASOTA, FL 34236~~		CITY-ST-ZIP	Sarasota FL 34236
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 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: ______ 2/9/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #