2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90147 023 ****50.00

DOCUMENT # L01000014816

1. Entity Name
D-ZEE TEXTILES LLC

Principal Place of Business	Mailing Address
5624 PLUNKETT STREET UNIT 586 HOLLYWOOD, FL 33023 US	5624 PLUNKETT STREET UNIT 586 HOLLYWOOD, FL 33023 US

04282004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
1275 BENNETT DRIVE		1275 BENNETT DRIVE	
Suite, Apt. #, etc.: SUITE 124		Suite, Apt. #, etc.: SUITE 124	
City & State: LONGWOOD, FL 32750		City & State: LONGWOOD, FL	
Zip: 32750	Country: USA	Zip: 32750	Country: USA

4. FEI Number: 65-1137039 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

IQBAL, MOHAMMAD Z
5624 PLUNKETT STREET
UNIT 586
HOLLYWOOD, FL 33023

7. Name and Address of New Registered Agent

Name: IQBAL, MOHAMMAD Z
Street Address (P.O. Box Number is Not Acceptable): 851 BALLARD ST APT #K
City: ALTAMONTE SPRINGS FL Zip Code: 32701

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: M. Z. [signature] DATE: 04/29/04
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, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MOHAMMAD, ZAFAR-IQBAL 7330 STIRLING RD #301 HOLLYWOOD, FL 33024	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MOHAMMAD, ZAFAR-IQBAL 851 BALLARD ST APT#K ALTAMONTE SPRINGS FL 32701	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: M. Z. [signature] 04/29/04 407-436-8645
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #