

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 11, 2002 8:00 am**  
**Secretary of State**

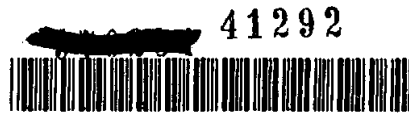
07-16-2002 90370 045 \*\*\*\*50.00

**DOCUMENT # L01000022305**

1. Entity Name  
**SHABIR LLC**

Principal Place of Business      Mailing Address  
 8001 S. ORANGE BLOSSOM TRAIL ROOM 936      8001 S. ORANGE BLOSSOM TRAIL ROOM 936  
 ORLANDO FL 32809      ORLANDO FL 32809

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>04-3698912</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  
**BURNHAM, MARSHA**  
**6725 SPRING RAIN DRIVE**  
**ORLANDO FL 32819**

7. Name and Address of New Registered Agent  
 Name **SALMA KHADELY**  
 Street Address (P.O. Box Number is Not Acceptable)  
**10133 FACET COURT**  
 City **ORLANDO**      **FL**      Zip Code **32836**

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 SALMA KHADELY      Salma Khadely      DATE 7.9.02  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>OWNER SALMA KHADELY 10133 FACET COURT ORLANDO FL 32836</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM 10133 FACET COURT ORLANDO FL 32836</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>OWNER MOHAMMED SHABIR 10133 FACET COURT ORLANDO FL 32836</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM 10133 FACET ORLANDO FL 32836</b> <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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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

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: SALMA KHADELY      DATE 7.9.02  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

CR2E083 (4/02)