


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 19, 2007 08:00 AM
Secretary of State

DOCUMENT # L01000022305 1. Entity Name SHABIR LLC	
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Principal Place of Business 10133 FACET CT ORLANDO, FL 32836	Mailing Address 10133 FACET CT ORLANDO, FL 32836
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07122007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3698912	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent KHADELY, SALMA 10133 FACET COURT ORLANDO, FL 32836

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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: <i>Salma Khadely</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE: 7.16.07
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Filing Fee is \$50.00
Due by September 14, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KHADELY, SALMA 10133 FACET COURT ORLANDO, FL 32836
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07/19/07-80003-017 50.00

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11. 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 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: <i>Salma Khadely</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	Date: 7.16.07	Daytime Phone #: 407 5928683
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