


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90067 032 ****50.00

DOCUMENT # L02000011396

1. Entity Name
GOWANI INVESTMENTS, LLC



Principal Place of Business
**9430 TURKEY LAKE ROAD
 SUITE 208
 ORLANDO, FL 32819**


Mailing Address
**9430 TURKEY LAKE ROAD
 SUITE 208
 ORLANDO, FL 32819**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

400300



01162006 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent
**GOWANI, SHERALI
 9430 TURKEY LAKE ROAD
 SUITE 208
 ORLANDO, FL 32819**

7. Name and Address of New Registered Agent
 Name **GOWANI, ~~NOVA~~ SHERALI / YASMEEN**
 Street Address (P.O. Box Number is Not Acceptable)
7224 StoneRock Circle
 City **Orlando** **FL** Zip Code **32819**

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 *Yasmeen Gowani* DATE 4.5.06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00 Due by May 1, 2006

Make check payable to Florida Department of State

| 9. MANAGING MEMBERS / MANAGERS | | 10. ADDITIONS / CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM GOWANI, SHERALI 9177 POINT CYPRESS DRIVE ORLANDO, FL 32819 <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 | MGRM GOWANI, YASMEEN S 9177 POINT CYPRESS DRIVE ORLANDO, FL 32819 <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 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: *Yasmeen Gowani* **YASMEEN GOWANI** DATE 4/5/06 DAYTIME PHONE # 4073458608

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE Daytime Phone #