


# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2003 8:00 am**  
**Secretary of State**

05-16-2003 90066 025 \*\*\*\*50.00


0034994

|   |   |
|---|---|
| <b>DOCUMENT # L02000025646</b>            |  |
| 1. Entity Name<br><b>SHAH REALTY, LLC</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>3601 W. MORRISON AVE.<br/>TAMPA FL 33629</b> | Mailing Address<br><b>3601 W. MORRISON AVE.<br/>TAMPA FL 33629</b> |
|--|--|

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

20103010



CHECK HERE IF MAKING CHANGES

|   |  |
|---|--|
| 4. FEI Number<br><b>51-0425743</b>                        | Applied For<br><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<br><b>SHAH, SAJJAD H<br/>3601 W. MORRISON AVE.<br/>TAMPA FL 33629</b> |  | 7. Name and Address of New Registered Agent        |          |
| Name  |  | Name   |          |
| Street Address (P.O. Box Number is Not Acceptable)  |  | 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

| 9. MANAGING MEMBERS/MANAGERS                |   | 10. ADDITIONS/CHANGES                       |   |
|---|---|---|---|
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SHAH, SAJJAD H.</b> <input type="checkbox"/> Delete<br><b>3601 W. MORRISON AVE</b><br><b>TAMPA, FL 33629</b> | TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

CR2E083 (10/02)

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 60B, Florida Statutes.

**SIGNATURE:** SIGNATURE REQUIRED **4/29/03** **727-523-8722**

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