


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000027541**

1. Entity Name  
**JAMALI FINE ART, LLC**



Principal Place of Business <b>7330 SANDSCOVE COURT          WINTER PARK, FL 32792 US</b>	Mailing Address <b>7330 SANDSCOVE COURT          WINTER PARK, FL 32792 US</b>
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04042006 No Chg-LLC CRZE083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>06-1655823</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KHANJAMALI, AQDAS H  
 1545 PALMER AVENUE  
 WINTER PARK, FL 32789**

**DO NOT WRITE IN THIS SPACE**

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: \_\_\_\_\_  
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, 2008**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KHANJAMALI, AQDAS H 1545 PALMER AVENUE WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT JAMALI, NEELUM 1545 PALMER AVE WINTER PARK, FL 32789
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**DO NOT WRITE IN THIS SPACE**

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:** AQDAS H. KHANJAMALI 4/4/06 407-629-6308  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #