2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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May 04, 2006 8:00 am
Secretary of State
04-13-2006 90034 020 ****50.00

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04062006 Chg-LLC CR2E083 (11/05)

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1. Entity Name
ALBIBI INVESTMENT GROUP LLC

Principal Place of Business	Mailing Address
4006 WOODRIDGE RD PANAMA CITY, FL 32405 US	4006 WOODRIDGE RD PANAMA CITY, FL 32405 US

2. Principal Place of Business	3. Mailing Address
1000 E 23rd St.	1000 E 23rd St.
Suite, Apt. #, etc. A-6	Suite, Apt. #, etc. A-6
City & State Panama City, FL	City & State Panama City, FL
Zip 32405 Country US	Zip 32405 Country US

4. FEI Number 59 2187 428 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALBIBI, AYESHA 4006 WOODRIDGE RD PANAMA CITY, FL 32405	Name 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 ALBIBI, OSAMA 4006 WOODRIDGE RD PANAMA CITY, FL 32405	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ALBIBI, RIYAD 3724 PRESERVE BAY BLVD PANAMA CITY, FL 32408	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ALBIBI, Lena 3724 Preserve Bay Blvd Panama City, FL 32408 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ALBIBI, MUNIR 137 S TYNDALL PARKWAY CALLAWAY, FL 32404	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: _____ 4/10/06 (850) 769-2671
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #