


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 02, 2006 8:00 am
Secretary of State

06-02-2006 90110 001 ****50.00

DOCUMENT # L05000007061	
1. Entity Name DAREHSHORI INNERPRIZES LLC	

Principal Place of Business 2402 PALM RIDGE ROAD, PMB 155# SANIBEL FL 33957	Mailing Address 2402 PALM RIDGE ROAD, PMB 155# SANIBEL FL 33957
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2. Principal Place of Business 2402 Palm Ridge Rd PMB 155	3. Mailing Address 2402 Palm Ridge Pl PMB 155
Suite, Apt. #, etc. PMB 155	Suite, Apt. #, etc. PMB 155
City & State Sanibel, FL	City & State Sanibel FL
Zip 33957	Zip 33957
Country	Country

1st MOORE CR2E083 (10/05)

6. Name and Address of Current Registered Agent STERN, JERROLD S 695 TARPON BAY ROAD SANIBEL FL 33957	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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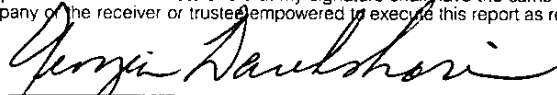
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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, 2006
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAREHSHORI, GEORGIA 2402 PALM RIDGE ROAD, PMB 155# SANIBEL FL 33957 <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 DAREHSHORI, GHOLI 2402 PALM RIDGE ROAD, PMB 155# SANIBEL FL 33957 <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 Section 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date _____ Daytime Phone # _____