2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 28, 2007 08:00 AM
Secretary of State

1. Entity Name
DAREHSHORI INNERPRIZES LLC



Principal Place of Business

Mailing Address

2402 PAI 1 RIDGE RD PMB 155 SANIBE! L 33957 2402 PALM RIDGE RD PMB 155 SANIBEL, FL 33957



DO NOT WRITE IN THIS SPACE

07132007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 37-1503192

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

STERN, JERROLD S 695 TARPON BAY ROAD SANIBEL, FL 33957

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The above named entity submits this statement for the purpose of cha the obligations of registered agent.	anging its registered office or registered agent, or both, in	the State of Florida. I am familiar with, and accept
SIGNATURE	(NOTE: Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by September 14, 2007		

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAREHSHORI, GEORGIA 2402 PALM RIDGE ROAD PMB 155 SANIBEL, FL 33957
NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAREHSHORI, GHOLI 2402 PALM RIDGE ROAD PMB 155 SANIBEL, FL 33957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
11. I hereby	certify that the information supplied with this filing does not qualify for the e

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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 ecciver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING NEMBER, OR AUTHORIZED REPRESENTAT

X 8/20/07

Daytime Phone #