FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY -1 PM 2:46

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A05000000480

1. Entity Name
ANOOSHEH LLLP

Principal Place of Business
3265 FRONT RD
JACKSONVILLE, FL 32257

Mailing Address
3265 FRONT RD
JACKSONVILLE, FL 32257

04212008 Chg-LP CR2E003 (12/06)

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 41-2237489 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

SIGN & DATE

6. Name and Address of Current Registered Agent
CUREDNIK KAREL IV
4925 BEACH BLVD
JACKSONVILLE, FL 32207

7. Name and Address of New Registered Agent
Name HORMOZ KHOSRAVI
Street Address (P.O. Box Number is Not Acceptable) 3265 FRONT Rd.
City Jacksonville FL FL Zip Code 32257

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] 4/01/08
Signature, typed or printed name of registered agent and title if applicable DATE

FILE NOW!!! FEE IS $500.00
After May 1, 2008, Fee will be $900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP	KHOSRAVI, HORMOZ 3265 FRONT RD JACKSONVILLE, FL 32257	STREET ADDRESS / CITY-ST-ZIP	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP	KHOSRAVI, NOOSHAZAR 3265 FRONT RD JACKSONVILLE, FL 32257	STREET ADDRESS / CITY-ST-ZIP	900127238533 04/30/08--01010--006 **500.00
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SIGN & DATE

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: [signature] 4/01/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #