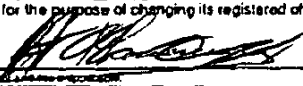


FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY -1 PM 2:46

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A05000000480			
1. Entity Name ANOSHEH LLLP			
Principal Place of Business 3265 FRONT RD JACKSONVILLE, FL 32257		Mailing Address 3265 FRONT RD JACKSONVILLE, FL 32257	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Country		Country	
4. Name and Address of Current Registered Agent CUREDNIK KAREL IV 4025 BEAG 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	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
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 4/30/08			
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	
NAME	KHOSRAVI, HORMOZ	CITY-ST-ZIP	
STREET ADDRESS	3265 FRONT RD		
CITY-ST-ZIP	JACKSONVILLE, FL 32257		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	KHOSRAVI, NOOSHAZAR	CITY-ST-ZIP	
STREET ADDRESS	3265 FRONT RD		
CITY-ST-ZIP	JACKSONVILLE, FL 32257		
DOCUMENT #	NAME	STREET ADDRESS	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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:  DATE 4/30/08			