2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000004676

Entity Name: ZAMINAS, L.L.C.

FILED Apr 11, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2551 DWYER LN. LAKE MARY, FL 32746

Current Mailing Address: New Mailing Address:

P.O. BOX 952427 LAKE MARY, FL 32795

FEI Number: 59-3641405 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LAVIGNE, JAMES R
7087 GRAND NATIONAL DR
ORLANDO, FL 32819 US
LAVIGNE, JAMES R
7087 GRAND NATIONAL DR
100

ORLANDO, FL 32819 US 08 08 100 ORLANDO, FL 32819 US

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.

SIGNATURE: 04/11/2005

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

Title: D () Delete Title: MGRM (X) Change () Addition

 Name:
 ABDULLA, MOHSIN
 Name:
 KARIM, HASSANAIN

 Address:
 PO BOX 8174
 Address:
 2551 DWYER LANE

 City-St-Zip:
 MEMBASA, KENYA,
 City-St-Zip:
 LAKE MARY, FL 32746

Title: D (X) Delete Title: () Change () Addition

 Name:
 ABDULLA, MEHBOOB
 Name:

 Address:
 2551 DWYER LN.
 Address:

 City-St-Zip:
 LAKE MARY, FL 32746
 City-St-Zip:

Title: D (X) Delete Title: () Change () Addition

 Name:
 ABDULLA, RAMZANAL
 Name:

 Address:
 P.O. BOX 81254
 Address:

 City-St-Zip:
 MEMBASA, KENYA,
 City-St-Zip:

Title: D (X) Delete Title: () Change () Addition

 Name:
 MWINYIA, NGAO
 Name:

 Address:
 P.O. BOX 81254
 Address:

 City-St-Zip:
 MEMBASA, KENYA,
 City-St-Zip:

 Name:
 ABDULLA, AARIFHUSSEIN
 Name:

 Address:
 P.O. BOX 81254
 Address:

 City-St-Zip:
 MEMBASA, KENYA,
 City-St-Zip:

Title: D (X) Delete Title: () Change () Addition

 Name:
 ABDULLA, MAKBUL
 Name:

 Address:
 P.O. BOX 81254
 Address:

 City-St-Zip:
 MEMBASA, KENYA,
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: HASSANAIN KARIM MGRM 04/11/2005