

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 25, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L00000010754

1. Entity Name  
KARIM DEVELOPMENT, LLC



Principal Place of Business  
3200 N MILITARY TRAIL  
SUITE 200  
BOCA RATON, FL 33431

Mailing Address  
3200 N MILITARY TRAIL  
SUITE 200  
BOCA RATON, FL 33431



01102006 No Chg-LLC

CR2E093 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1048765

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCRENCI, STEPHEN W  
3200 N MILITARY TRAIL  
SUITE 200  
BOCA RATON, FL 33431

**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

Filing Fee is \$50.00  
Due by May 1, 2006

U000000401358  
02/02/06-80042-003 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ZAKARIA, MUHAMMAD
STREET ADDRESS	3200 N MILITARY TRAIL
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	MGRM
NAME	VALLI, ANIS
STREET ADDRESS	3200 N MILITARY TRAIL # 200
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

561-

1/10/06 997-5700