


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2004 8:00 am
Secretary of State

02-05-2004 90079 029 ****50.00

DOCUMENT # L00000014376	
1. Entity Name ZAGROS, LLC	

Principal Place of Business 13109 OLEANDER DRIVE PANAMA CITY BEACH, FL 32407	Mailing Address P.O. BOX 9621 PANAMA CITY BEACH, FL 32417
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2. Principal Place of Business P.O. Box 19404	3. Mailing Address P.O. Box 19404
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Panama city beach, FL	City & State Panama city beach, FL
Zip 32417	Country USA
Zip 32417	Country USA

02012004 Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3697392	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent TEHRANI, H.T. 13109 OLEANDER AVE. PANAMA CITY BEACH, FL 32407	
7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable) _____ City: _____ FL Zip Code _____	

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 2-2-04
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TEHRANI, H.T. 13109 OLEANDER DR. PANAMA CITY BEACH, FL 32407 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR H.T. TEHRANI P.O. BOX 19404 Panama city beach, FL 32417 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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:  MGR	Date 2-2-04	Daytime Phone # (850) 960-0007
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		