


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 06, 2004 8:00 am**  
**Secretary of State**

02-06-2004 90164 046 \*\*\*\*50.00

<b>DOCUMENT # L01000009414</b>	
1. Entity Name <b>ELBURZ, L.L.C.</b>	

Principal Place of Business <b>13109 OLEANDER DR. PANAMA CITY BEACH, FL 32407</b>	Mailing Address <b>P.O. BOX 9621 PANAMA CITY BEACH, FL 32417</b>
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**24008455**



2. Principal Place of Business <b>P.O. Box 19404</b>	3. Mailing Address <b>P.O. Box 19404</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02012004 Chg-LLC CR2E083 (10/03)

City & State <b>Panama city beach, FL</b>	City & State <b>Panama city beach, FL</b>
Zip <b>32417</b>	Zip <b>32417</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>59-3725477</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>TEHRANI, HASSAN M 13109 OLEANDER DR. PANAMA CITY BEACH, FL 32407</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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.

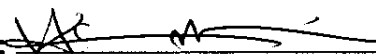
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TEHRANI, HASSAN M 13109 OLEANDER DR. PANAMA CITY BEACH, FL 32407 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HASSAN 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	MGRM TEHRANI, KIRNOOSH 705 UPTON ROAD N.W. ATLANTA, GA 30318 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KIRNOOSH TEHRANI 1024-B Hemphill Ave N.W. ATLANTA, GA 30318 <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
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
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
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** **2-2-04 (50)960-0007**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #