



# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90366 030 \*\*\*\*50.00

<b>DOCUMENT # L01000014816</b> 1. Entity Name <b>D-ZEE TEXTILES LLC</b>					
Principal Place of Business <b>1275 BENNETT DR. STE. 124 LONGWOOD, FL 32750 US</b>			Mailing Address <b>1275 BENNETT DR. STE. 124 LONGWOOD, FL 32750 US</b>		
2. Principal Place of Business <b>947 JOSIANE CT</b> Suite, Apt. #, etc. <b>1004</b> City & State <b>ALTAMONTE SPRINGS, FL</b> Zip <b>32701</b> Country <b>USA</b>		3. Mailing Address <b>947 JOSIANE CT</b> Suite, Apt. #, etc. <b>1004</b> City & State <b>ALTAMONTE SPRINGS, FL</b> Zip <b>32701</b> Country <b>USA</b>			
04252005 Chg-LLC CR2E083 (10/03)				4. FEI Number <b>65-1137039</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>IQBAL, MOHAMMAD Z 851 BALLARD ST. APT. K ALTAMONTE SPRINGS, FL 32701</b>			7. Name and Address of New Registered Agent Name <b>IQBAL, MOHAMMAD Z</b> Street Address (P.O. Box Number is Not Acceptable) <b>857 BALLARD ST APT K</b> City <b>ALTAMONTE SPRINGS FL</b> Zip Code <b>32701</b>		
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 <u>M. Zafar</u> <b>MOHAMMAD IQBAL</b> DATE <u>04/25/2005</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOHAMMAD, ZAFAR-IQBAL 851 BALLARD ST., APT. K ALTAMONTE SPRINGS, FL 32701	<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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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: <u>M. Zafar</u> <b>MOHAMMAD IQBAL</b> DATE <u>04/25/2005</u> 407-260-9151 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					