2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

FILED May 18, 2005 8:00 am Secretary of State

Daytime Phone #

50011	MENT " L 04000	0046476				tio soot oos			
1. Entity Nam	MENT # L01000 LER, LLC			05-18-2005 90244 021 ****50.00					
Principal Plac	e of Business	Mailing Address			_	שחחר	0000		
116 SAN MA	IRCO AVE Stine, Fl 32084		12847 W OTTER LAKE CT Jacksonville, FL 32246		}	2005	9030		
SKINT AUGU.	31ME, TE 32004	MONSOHVILLE, I E 32	2240		(Insulation	. 	1		PROS. 818 10 BY
2. Principal P	Place of Business	3. Mailing Address			-				
·						Y MANGO KAMININ MAKANIN	II MARAMI AYAN MINI	TI TIME! INDIA	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		04282005	Chg-LLC	CR2E08	33 (10/03)	
City & State		City & State	City & State		4. FEI Numb			_ 	oplied For
Zip Country		Zip	Country	,	<u> </u>			5.00 Add	ot Applicable ditional
6. Name and Address of Curre		Current Bagistand Apant	<u> </u>		Certificate of Status Desired				
	e. Name and Address of	Current negistered Agent		Name	7. Natitle and	Audress of New H	egistered A	Jein	
SOLTANI, 12847 W.	ARVIN OTTER LK CT		Street Address			er is Not Acceptable)		
	IVILLE, FL 32246		F						
			-	City				Zip Cod	
R The above	named entity submits this state	ement for the purpose of changing its			ered agent or ho	th in the State of Ele	FL.	<u> </u>	
	tions of registered agent.	emone for the purpose of changing he	s registered	office of Togisti	erou agont, or be	idi, ili tile otate of fic	nica. Tairie	amost with	and accept
SIGNATURE	Signature, typed or printed name of registr	ered anoni and title if anniloshie (NO)	TF: Recistered A	Qent signature require	ad when reinstating)		DATE		
									
∉fi D	lling Fee Is \$50.00 ue by May 1, 2005			Make check payable to Florida Department of State					
9.	MANAGING	MEMBERS/MANAGERS	10.	·		ADDITIONS/	CHANGES		
TITLE NAME	MGR UDLER, IZABELLA	☐ Detete	TITLE					☐ Change	Addition
STREET ADDRESS	12847 WOTTER LAKE C	т		ADDRESS					
CITY-ST-ZIP	JACKSONVILLE, FL 3224		CITY-S	T-ZIP					
TITLE NAME	MGR SOLTANI, ARVIN	☐ Delete	TITLE NAME	}				☐ Change	Addition
STREET ADDRESS	12847 W. OTTER LK. CT.			ADDRESS					
CITY-ST-ZIP	JACKSONVILLE, FL 3224		CHY-S	T-ZIP					
TITLE		☐ Delete	TITLE					☐ Change	Addition
NAME STREET ADDRESS		-	NAME STREET	ADDRESS					
CITY-ST-ZIP	l		CITY-S	I					
TITLE		☐ Delete	TITLE					☐ Change	Addition
NAME CTOCKY ADDRESS			NAME	ADDRETT					
STREET ADDRESS CITY-ST-ZIP			CITY-S	ADDRESS T-ZIP					
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition
NAME			NAME	_ [
STREET ADDRESS CITY-ST-ZIP			STREET CITY-S1	ADDRESS T-ZIP					
TITLE		Delete	TITLE					☐ Change	Addition
NAME			NAME						_
STREET ADDRESS				ADDRESS					
CITY-ST-ZIP	pertify that the information such	lied with this filling does not qualify to	CITY-\$1		lection 110 07/21	(i) Florida Statutas 1	further and	fu that the i-	formation
indicated	on this report is true and accur	lied with this filing does not qualify for ate and that my signature shall have by trustee amnowered to execute this	the same is	egal effect as if	made under oath	ii), riorida Statutes. I I; that I am a manag Statutes	ing member	or manage	r of the
militer is	/ 1	or trustee empowered to execute this	, TOP SIL AS II	Addition by Cital			- ^		
SIGNAT	URF:/// ~	~ Las			4	29-05	(904)	1824-	4352