2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED Feb 14, 2005 8:00 am Secretary of State

WILLAWI					, Secre	aary	01.2	ıate
DOCUMENT # L01000017902 1. Entity Name NARHET, LLC					02-14-2005 90181 045 ****50.00			
Principal Place of Business Mailing Address								
PO BOX 19404		PO BOX 19404		20010605				
PANAMA CITY, FL 32417 US		PANAMA CITY, FL 32417 US		2001000				
						Baiki sətəh itan isə	III. (BRII) Ed ica (18)	ANT: 111 (80)
2. Principal Pl	ace of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02072005 Chg-LLC	CR2E0	83 (10/03)		
City & State		City & State			4. FEI Number 59-3749128		<u> </u>	plied For t
Zip	Country	Žip	Coun	try	5. Certificate of Status Desired		\$5.00 Addi	itional
 	6 Name and Address of Current	Registered Agent			7. Name and Address of New			<u>'</u>
6. Name and Address of Current Registered Agent				Name				
I ERIVAINI, RAGGAIN INI				HASS				<u> </u>
13109 OLEANDER DR PANAMA CITY BEACH, FL 32407				Street Address (P.O. Box Number is Not Acceptable) 13\09\OLEANDER2\DisZ				
PANAMA (CITT BEACH, FL 32407							
				City PANAM	A CITY BEACH	FL	Zip Code	107
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 chlinations of registered agent								
SIGNATURE 2-10-05								
Signature, typed dr-printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
Filing Fee is \$50.00 Due by May 1, 2005					Flor	lake check p Ida Departm	ayable to ent of State	
9.	MANAGING MEMBE	RS/MANAGERS	10.		ADDITION	NS/CHANGES		
TITLE .	MGR	☐ Delete	TITU				Change	Addition
NAME	TEHRANI, H.T.	•	NAM	E Et adoress				
STREET ADDRESS CITY-ST-ZIP	PO BOX 19404 PANAMA CITY, FL 32417			-ST-ZIP	•			
TITLE	1 AIRAMA 013 1,1 2 02411	☐ Delete	TITL				☐ Change	Addition
NAME:		C Design	NAM					
STREET ADDRESS			STRE	ET ADDRESS .				
CITY-ST-ZIP			СПҮ	-ST-73P				
TTLE		☐ Delete ·	TITL	E			Change	Addition
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STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			-1	-ST-ZIP				
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NAME STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP				'-ST-ZIP	•			
TITLE		. Delete	m	E			Change	Addition
NAME	•		NAN	LE				
				EET ADDRESS		•		
CITY-ST-ZIP	Anna de m - des		, CITY	-ST-ZIP.				
TITLE		☐ Defete	m				Change	Addition
NAME STREET ADORESS	The same of the sa	remaining the second se	NAN STR	EET ADDRESS			.	
CITY-ST-ZIP				r-ST-ZIP	1	,		1.
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.								

2-10-05

(80)960 J000 7 Daytine Prone #