

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000007550

Entity Name: UNIVERSAL LANDVEST, L.L.C.

**FILED**  
**Jan 04, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

113 ROHILKHAND SOCIETY  
AHMED BARRISTER ROAD  
KARACHI-PAKISTAN, PK 74800 PK

**New Principal Place of Business:**

**Current Mailing Address:**

113 ROHILKHAND SOCIETY  
AHMED BARRISTER ROAD  
KARACHI-PAKISTAN, PK 74800 PK

**New Mailing Address:**

FEI Number: 32-0008189

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALLAWALA, IMRAN  
113 ROHILKHAND SOCIETY  
AHMED BARRISTER ROAD  
KARACHI-PAKISTAN, FL 74800 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ALLAWALA, IMRAN  
Address: 113 ROHILKHAND SOCIETY, AHMED BARRISTER RD  
City-St-Zip: KARACHI-PAKISTAN, PK 74800 PK

Title: MGRM  
Name: ALLAWALA, KAMRAN  
Address: 289 DMCHS, SUNDER HOUSE, ALAMGIR RD  
City-St-Zip: KARACHI-PAKISTAN, PK 74800 PK

Title: MGRM  
Name: ALLAWALA, NAEEM  
Address: 289 DMCHS, SUNDER HOUSE, ALAMGIR RD  
City-St-Zip: KARACHI-PAKISTAN, PK 74800 PK

Title: MGRM  
Name: ALLAWALA, MANSOOR  
Address: 1, ALHAMRA SOCIETY, SHAHEED-E- MILLAT ROAD  
City-St-Zip: KARACHI-PAKISTAN, PK 74800 PK

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: IMRAN ALLAWALA

PRES

01/04/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date