

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**

**Feb 09, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000031175**

1. Entity Name

GARDEN PLACE PROPERTIES, LLC



Principal Place of Business

PO BOX 341784  
TAMPA FL 33694-1784

Mailing Address

PO BOX 341784  
TAMPA FL 33694-1784



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

06-1662408

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NASIRUDIN, BIBI  
15214 OCTAVIA LN  
ODESSA FL 33556

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: MGRM ☐ Delete  
NAME: NASIRUDIN, MOHAMED  
STREET ADDRESS: 15214 OCTAVIA LN  
CITY-ST-ZIP: ODESSA FL 33556

TITLE: ☐ Change ☐ Addition  
NAME: 000000630177  
STREET ADDRESS: 02/19/07-80030-016 50.00  
CITY-ST-ZIP:

TITLE: MGRM ☐ Delete  
NAME: NASIRUDIN, BIBI A  
STREET ADDRESS: 15214 OCTAVIA LN  
CITY-ST-ZIP: ODESSA FL 33556

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
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CITY-ST-ZIP:

TITLE: ☐ Delete  
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CITY-ST-ZIP:

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CITY-ST-ZIP:

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NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Mohamed Nasirudin*

*Mohamed Nasirudin*

2-7-07

(813) 920-8469

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

Date

Daytime Phone #