

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 10, 2005 8:00 am**  
**Secretary of State**

06-10-2005 90112 016 \*\*\*\*50.00

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05252005 Chg-LLC CR2E083 (10/03)

<b>DOCUMENT # L02000035135</b> 1. Entity Name <b>MOHIUDDIN INVESTMENTS, LLC</b>					
Principal Place of Business <b>514 W. COLUMBIA STREET, STE. 2 ORLANDO, FL 32805</b>			Mailing Address <b>514 W. COLUMBIA STREET, STE. 2 ORLANDO, FL 32805</b>		
2. Principal Place of Business <b>2880 S. Osceola ave</b> Suite, Apt. #, etc.		3. Mailing Address <b>2880 S. Osceola ave</b> Suite, Apt. #, etc.			
City & State <b>Orlando FL</b>		City & State <b>Orlando FL</b>		4. FEI Number <b>NOT APPLICABLE</b>	
Zip <b>32806</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MOHIUDDIN, M. ASIF 514 W. COLUMBIA STREET, STE. 2 ORLANDO, FL 32805</b>				7. Name and Address of New Registered Agent Name <b>MOHIUDDIN M. ASIF</b> Street Address (P.O. Box Number is Not Acceptable) <b>2880 S. Osceola ave</b> City <b>Orlando</b> <b>FL</b> Zip Code <b>32806</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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by September 7, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM MOHIUDDIN, M. ASIF 514 W. COLUMBIA STREET, STE. 2 ORLANDO, FL 32805</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>2880 S. Osceola ave Orlando FL 32806</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE:</b> <i>Mohiuddin</i>			Date <b>5/27/05</b> Daytime Phone # <b>4074660098</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					