

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000001006

FILED
Jul 06, 2004
Secretary of State

Entity Name: BISME LLC

Current Principal Place of Business:

16534 LAKE HEATHER DRIVE
TAMPA, FL 33618

New Principal Place of Business:

4112 W. MULLEN AVE.
TAMPA, FL 33609

Current Mailing Address:

16534 LAKE HEATHER DRIVE
TAMPA, FL 33618

New Mailing Address:

4112 MULLEN AVE.
TAMPA, FL 33609

FEI Number: 03-0502611

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOHAMMED, MEHDI H
16534 LAKE HEATHER DRIVE
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

RAZA, SYED
4112 MULLEN AVE.
TAMPA, FL 33609 US

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: SYED RAZA

07/06/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: MOHAMMED, MEHDI H
Address: 16534 LAKE HEATHER DR
City-St-Zip: TAMPA, FL 33618

Title: MGRM () Delete
Name: RAZA, SYED
Address: 5700 MARINER SOUTH,#202E
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MOHAMMED, MEHDI H
Address: P.O. BOX 26583
City-St-Zip: TAMPA, FL 33622

Title: MGRM (X) Change () Addition
Name: RAZA, SYED
Address: 4112 MULLEN AVE.
City-St-Zip: TAMPA, FL 33609

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SYED RAZA

MGRM

07/06/2004

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