

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90087 040 ****50.00

DOCUMENT # L03000001251					
1. Entity Name MUSHMENA PROPERTIES I, LLC					
Principal Place of Business 305 N. MANGOUSTINE AVENUE, SUITE 200 SANFORD, FL 32771			Mailing Address 305 N. MANGOUSTINE AVENUE, SUITE 200 SANFORD, FL 32771		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		03082005 Chg-LLC CR2E083 (10/03)	
4. FEI Number NOT APPLICABLE				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MUSHMENA FAMILY LIMITED PARTNERSHIP 305 N. MANGOUSTINE AVENUE, SUITE 200 SANFORD, FL 32771			Name Mushmeena Management, LLC		
			Street Address (P.O. Box Number is Not Acceptable) 305 N. Mangoustine Avenue, Suite 200		
			City Sanford		
			FL		Zip Code 32771
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. By: Mushmeena Management, LLC					
SIGNATURE Signature, typed or printed name of registered agent and title (if applicable).				DATE 3/ /2005	
Mubeen H. Chida, Presiding Member					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MUSHMENA FAMILY LIMITED PARTNERSHIP 305 N. MANGOUSTINE AVENUE, SUITE 200 SANFORD, FL 32771		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Mushmeena Management, LLC 305 N. Mangoustine Avenue, Suite 200 Sanford, Florida 32771	
	<input checked="" type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
By: Mushmeena Management, LLC					
SIGNATURE:		Mubeen H. Chida, Presiding Member		4.27.05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	