

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 12, 2007 08:00 A
Secretary of State

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**



03262007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MUSHMEENA MANAGEMENT LLC
305 N. MANGOUSTINE AVENUE, SUITE 200
SANFORD, FL 32771**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MUSHMEENA MANAGEMENT, LLC
305 N. MANGOUSTINE AVENUE, SUITE 200
SANFORD, FL 32771**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000701381
04/20/07-80078-014 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____

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

SHAHNAZ CHAIDA M.D

Date

4.1.07

Daytime Phone #

407 321-1407