



**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L03000001252</b> 1. Entity Name <b>MUSHMENA MANAGEMENT, LLC</b>	
---	---

Principal Place of Business <b>305 N. MANGOUSTINE AVENUE, SUITE 200 SANFORD, FL 32771</b>	Mailing Address <b>305 N. MANGOUSTINE AVENUE, SUITE 200 SANFORD, FL 32771</b>
--	--

**DO NOT WRITE IN THIS SPACE**



01282008No Chg-LLC      CR2E083 (12/07)

4. FEI Number <b>20-0983331</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**CHIDA, MUBEEN H  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

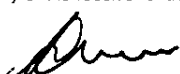
U00000910625  
05/07/08-80002-023 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHIDA, MUBEEN H 305 N. MANGOUSTINE AVENUE, SUITE 200 SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHIDA, SHAHNAZ 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 STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:**  **SHAHNAZ CHIDA M.D.** **4-18-08** **887321-1415**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #