

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-02-2004 90292 001 ****50.00
04-02-2004 90292 002 *****5.00

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MOORE CR2E083 (11/03)

DOCUMENT # L03000006462 1. Entity Name SHAHZADI INVESTMENTS, L.C.					
Principal Place of Business 1101 N. PARROTT AVE. OKEECHOBEE FL 34972-2128			Mailing Address 1101 N. PARROTT AVE. OKEECHOBEE FL 34972-2128		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required				4. FEI Number 86-1061431	
Applied For				Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RICHARD D. SNEED, JR., P.A. 1905 SOUTH 25TH STREET, SUITE 206 FORT PIERCE FL 34947			Name Street Address (P.O. Box Number is Not Acceptable) City		
			State FL Zip Code		
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 RICHARD D. SNEED DATE 3/27/2004 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	AKHTAR, MAHJABEEN		NAME		
STREET ADDRESS	1101 N. PARROTT AVE.		STREET ADDRESS		
CITY-ST-ZIP	OKEECHOBEE FL 34972-2128		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
SIGNATURE: Mahjabeen + Akhtar			3/30/04 (772) 489-4000 Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					