2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000006462

1. Entity Name

SHAHZADI INVESTMENTS, L.C.

FILED Feb 19, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

% MIRAGE

1631 NW ST LUCIE W. BLVD., SUITE 202 PORT ST. LUCIE, FL 34986 % MIRAGE

1631 NW ST LUCIE W. BLVD., SUITE 202

PORT ST. LUCIE, FL 34986



02142008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 86-1061431 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RICHARD D. SNEED, JR., P.A. 1905 SOUTH 25TH STREET, SUITE 206 FORT PIERCE, FL 34947

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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

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

U00000833482 02/28/08-80015-002 138 79

MANAGING MEMBERS/MANAGERS 9. MGRM TITLE AKHTAR, MAHJABEEN 1 NAME STREET ADDRESS 1101 N. PARROTT AVE. OKEECHOBEE, FL 349722128 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CiTY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP 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: Or why it want Athlas

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

Date

Daylime Phone #