


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000017888**  
 1. Entity Name  
**NASIR ASSOCIATES, LLC**



Principal Place of Business <b>10302 SOUTH FEDERAL HIGHWAY          NO. 124          PORT SAINT LUCIE, FL 34952 US</b>	Mailing Address <b>10302 SOUTH FEDERAL HIGHWAY          NO. 124          PORT SAINT LUCIE, FL 34952 US</b>
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**DO NOT WRITE IN THIS SPACE**



03112005No Chg-LLC      CR2E083 (10/03)

4. FEI Number <b>72-1584117</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

**NASIR, HAMAD  
 10302 S FEDERAL HWY  
 124  
 PORT ST LUCIE, FL 34952**

**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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by May 1, 2005**

000000272089  
 03/21/05-80074-011 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NASIR, HAMAD 10302 SOUTH FEDERAL HIGHWAY, NO.124 PORT SAINT LUCIE, FL 34952
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Hamad*      **3/18/05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #