

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000019931

Entity Name: ABDUL AITBOUKIL, LLC

FILED
Apr 12, 2007
Secretary of State

Current Principal Place of Business:

5409 CAPE HATTERAS DR
CLERMMONT, FL 34714

New Principal Place of Business:

Current Mailing Address:

5409 CAPE HATTERAS DR
CLERMONT, FL 34714

New Mailing Address:

5409 CAPE HATTERAS
CLERMONT, FL 34714

FEI Number: 56-2363395

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AITBOUKIL, ABDERRAHIM
5409 CAPE HATTERAS DR
CLERMONT, FL 34714 US

Name and Address of New Registered Agent:

AITBOUKIL, ABDERRAHIM
5409 CAPE HATTERAS
CLERMONT, FL 34714 US

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.

SIGNATURE: ABDERRAHIM AITBOUKIL

04/12/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: AITBOUKIL, ABDERRAHIM
Address: 5409 CAPE HATTERAS DR
City-St-Zip: CLERMONT, FL 34714

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: AITBOUKIL, ABDERRAHIM
Address: 5409 CAPE HATTERAS DR
City-St-Zip: CLERMONT, FL 34714

Title: MGR () Change (X) Addition
Name: ABDERRAHIM AITBOUKIL,
Address: 5409 CAPE HATTERAS DRQ
City-St-Zip: CLERMONT, FL 34714

Title: MGR () Change (X) Addition
Name: ABDERRAHIM AITBOUKIL,
Address: 5409 CAPE HATTERAS DR
City-St-Zip: CLERMONT, FL 34714

Title: MGR () Change (X) Addition
Name: ABDERRAHIM AITBOUKIL,
Address: 5409 CAPE HATTERAS DR
City-St-Zip: CLERMONT, FL 34714

Title: MGR () Change (X) Addition
Name: AITBOUKIL ABDERRAHIM,
Address: 5409 CAPE HATTERAS DR
City-St-Zip: CLERMONT, FL 34747

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ABDERRAHIM AITBOUKIL

MGR

04/12/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date