## 2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Feb 12, 2004 8:00 am Secretary of State DOCUMENT # L03000025151 02-12-2004 90118 015 \*\*\*\*55 00 BABYLON INTERNATIONAL ENTERPRISES, L.L.C. Principal Place of Business Mailing Address 7197 WINDY PRESERVE 7197 WINDY PRESERVE 24010387 LAKE WORTH, FL 33467 LAKE WORTH, FL 33467 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02042004 Chg-LLC CR2E083 (10/03) Applied For City & State City & State 4. FEI Number 27-0061299 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DOORAKIAN, DANIEL ESQ 625 NORTH FLAGLER DRIVE, 9TH FLOOR Mr. Ghazi Khattab 7197 Windy Preserve Lake Worth, FL 33467-7243 WEST PALM BEACH, FL 33401 8. The above named entity submits this statement for the purpose of changing its registered ontice or registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent egistered Agent signature required when reinstating Filing Fee is \$50.00 Make check payable to Due by May 1, 2004 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME KHATTAB, GHAZI M 7197 WINDY PRESERVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33467 CITY - ST- ZIP PRESIDENT KHATTAB, GHAZIM 7/97 WINDY PRESERVE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST-ZIP AKE WORTH FL 33467 Delete TITLE VICE PRESIDENT TITI F ☐ Change ☐ Addition STASIA KHATTAB 7197 WINDY PRESERVE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP AKE WORTHIEL CITY-ST-7IP TITLE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY - ST - ZIP Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- 7IP CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**FILED**