

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 27, 2006 08:00 AM
Secretary of State**

DOCUMENT # L03000025151

**1. Entity Name
BABYLON INTERNATIONAL ENTERPRISES, L.L.C.**



Principal Place of Business

**7197 WINDY PRESERVE
LAKE WORTH, FL 33467**

Mailing Address

**7197 WINDY PRESERVE
LAKE WORTH, FL 33467**



01052006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
27-0061299**

**Applied For
Not Applicable**

**5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KHATTAB, GHAZI MR.
7197 WINDY PRESERVE.
LAKE WORTH, FL 33467**

**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

Signature of registered agent or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

**TITLE MGR
NAME KHATTAB, GHAZI M.
STREET ADDRESS 7197 WINDY PRESERVE
CITY-ST-ZIP LAKE WORTH, FL 33467**

**TITLE P
NAME KHATTAB, GHAZI M
STREET ADDRESS 7197 WINDY PRESEVE
CITY-ST-ZIP LAKE WORTH, FL 33467**

**TITLE VP
NAME KHATTAB, STASIA
STREET ADDRESS 7197 WINDY PRESERVE
CITY-ST-ZIP LAKE WORTH, FL 33467**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
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CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

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02/06/06-80045-012 50.00

**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:

Signature of signing managing member, or authorized representative

DATE

Daytime Phone #