

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000027524

Entity Name: SAKINA L.L.C.

FILED
Jan 19, 2006
Secretary of State

Current Principal Place of Business:

456 S. MILWEE. STR
LONGWOOD, FL 32750

New Principal Place of Business:

975 HAGSTROM RD
PIERSON, FL 32180

Current Mailing Address:

929 WAYBOURNE WAY
LAKE MARY, FL 32746

New Mailing Address:

P O BOX 951382
LAKE MARY, FL 32795

FEI Number: 20-0142510

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANJI, SHABBIR F
929 WAYBOURNE WAY
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

MANJI, SHABBIR F
2372 NORTHUMBRIA DR
SANFORD, FL 32771 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: SHABBIR F MANJI

01/19/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MANJI, SHABBIR F
Address: 929 WAYBOURNE WAY
City-St-Zip: LAKE MARY, FL 32746

Title: MGRM () Delete
Name: MANJI, ZUHER F
Address: 1679 PINEBAY DRIVE
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MANJI, SHABBIR F
Address: 2372 NORTHUMBRIA DR
City-St-Zip: SANFORD, FL 32771

Title: MGRM (X) Change () Addition
Name: MANJI, ZUHER F
Address: 1673 PINEBAY DRIVE
City-St-Zip: LAKE MARY, FL 32746

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: SHABBIR F MANJI

MGRM

01/19/2006

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