

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000027691

FILED
Apr 28, 2009
Secretary of State

Entity Name: SLIMANI LIMITED CO. NO. 3 LLC

Current Principal Place of Business:

C/O ABDESLAM SLIMANI
1140 23RD STREET, N.W., #605
WASHINGTON, DC 20037

New Principal Place of Business:

Current Mailing Address:

C/O ABDESLAM SLIMANI
1140 23RD STREET, N.W., #605
WASHINGTON, DC 20037

New Mailing Address:

FEI Number: 20-1357528

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SLIMANI, ABDESLAM
Address: 1140 23RD STREET NW, #605
City-St-Zip: WASHINGTON, DC 20037

Title: MGRM () Delete
Name: SLIMANI LIMITED COMPANY NO. 2 LLC
Address: 1140 23RD ST. NW, #605
City-St-Zip: WASHINGTON, DC 20037

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SLIMANI, ABDESLAM
Address: 1140 23RD STREET NW, #605
City-St-Zip: WASHINGTON, DC 20037 US

Title: MGRM (X) Change () Addition
Name: SLIMANI LIMITED COMPANY NO. 2 LLC
Address: 1140 23RD ST. NW, #605
City-St-Zip: WASHINGTON, DC 20037 US

I hereby certify that the information supplied with this filing does not qualify 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: ABDESLAM SLIMANI

MGRM

04/28/2009

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