2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## Apr 14, 2004 8:00 am Secretary of State **DOCUMENT # L03000028024** 1. Entity Name 03-12-2004 90230 006 \*\*\*\*50 00 **IQBAL ENTERPRISES, LLC** Principal Place of Business Mailing Address 8786 LAKE TIBET COURT ORLANDO FL 32836 34003604 8786 LAKE TIBET COURT ORLANDO FL 32836 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E083 (11/03) City & State City & State Applied For Not Applicable Zip Country Zio 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 Name MALIK, SYED A Street Address (P.O. Box Number is Not Acceptable) 8786 LAKE TIBET COURT ORLANDO FL 32836 City Zip Code FL 3. 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 (NOTE: Recustered Agent suggesture required when registation) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES Syed A. Malik/Pres. TITE F TITLE ☐ Change ☐ Addition NAME NAME 8786 Lake Tibet Court STREET ADORESS STREET ADORESS 32836 Orlando, FL CITY-ST-ZIP CITY-ST-ZIP MILE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP-TITLE TITLE Delete Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-21P CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TODE ☐ Change ☐ Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing 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.

TED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

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