

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Mar 05, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # L03000030581**

1. Entity Name  
**HABARI GANI II, LLC**



Principal Place of Business  
**7507 PONCE DE LEON RD.  
MIAMI, FL 33143**

Mailing Address  
**%DINGUS&DAGE, INC ATTN: MANOHA DAGA, CPA  
20600 CHAGRIN BLVD. #701  
SHAKER HEIGHTS, OH 44122-5398**



02242007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**20-2217571**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**AMERICAN INFORMATION SERVICES, INC.  
ONE S.E. 3RD AVE., 28TH FLOOR  
MIAMI, FL 33131**

**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, typed 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, 2007**

U000000654979  
03/13/07-80088-005 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HOWARD, DESMOND K
STREET ADDRESS	%20600 CHAGRIN BLVD. #701
CITY-ST-ZIP	CLEVELAND, OH 441225398

TITLE	
NAME	
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CITY-ST-ZIP	

**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)*

**2/27/07**

**216-561-9200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #