

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000031340

Entity Name: FLORIDA OASIS LLC

FILED  
Feb 19, 2005  
Secretary of State

**Current Principal Place of Business:**

5281 W. IRLO BRONSON HWY  
KISSIMMEE, FL 34747

**New Principal Place of Business:**

**Current Mailing Address:**

5215 FLYING EAGLE LANE  
KISSIMMEE, FL 34746

**New Mailing Address:**

FEI Number: 20-0171762

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VICARUDDIN, KAZI  
12477 S. ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32837 US

**Name and Address of New Registered Agent:**

ANSARI, NAILA N  
5215 FLYING EAGLE LANE  
KISSIMMEE, FL 34746 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: NAILA ANSARI

02/19/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: ANSARI, AFRAZ U  
Address: 5215 FLYING EAGLE LANE  
City-St-Zip: KISSIMMEE, FL 34746

Title: MGRM ( ) Delete  
Name: ANSARI, SAIMA N  
Address: 5215 FLYING EAGLE LANE  
City-St-Zip: KISSIMMEE, FL 34746

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ANSARI, NAILA N  
Address: 5215 FLYING EAGLE LANE  
City-St-Zip: KISSIMMEE, FL 34746

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: NAILA ANSARI

MGRM

02/19/2005

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