

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000033630

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: FERDOWSI L.C.

**Current Principal Place of Business:**

401 S. CROFT AVE.  
INVERNESS, FL 34453

**New Principal Place of Business:**

**Current Mailing Address:**

350 S. FITZPATRICK AVE.  
INVERNESS, FL 34453

**New Mailing Address:**

FEI Number: 20-0303590

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FERDOWSI, MOHAMMAD E  
1571 N. PROSPERCT AVE.  
LECANTO, FL 34461 US

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

FERDOWSI, MOHAMMAD E  
350 S. FITZPATRICK AVE  
INVERNESS, FL 34453 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: MOHAMMAD FERDOWSI

04/28/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FERDOWSI, MOHAMMAD E  
Address: 1571 N. PROSPECT AVE.  
City-St-Zip: LECANTO, FL 34461

Title: DIR ( ) Delete  
Name: FERDOWSI, BLANCA I  
Address: 350 S. FITZPATRICK AVE  
City-St-Zip: INVERNESS, FL 34453

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: FERDOWSI, MOHAMMAD E  
Address: 350 S. FITZPATRICK AVE  
City-St-Zip: INVERNESS, FL 34453

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

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: MOHAMMAD FERDOWSI

VP

04/28/2008

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