2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# L03000033630

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
350 S. FITZPATRICK AVE
INVERNESS, FL 34453 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: FERDOWSI, MOHAMMAD E
Address: 350 S. FITZPATRICK AVE
City-St-Zip: INVERNESS, FL 34453

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

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: DIR ( ) Change (X) Addition
Name: FERDOWSI, NADIA DIR
Address: 2870 SW. 39TH. AVE
City-St-Zip: GAINESVILLE, FL 32608

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: FERDOWSI MGRM 04/06/2009

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