


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 19, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000051959 1. Entity Name SOLIMAN FAMILY ENTERPRISES, LLC	
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Principal Place of Business 7533 JOMEL DRIVE SPRING HILL, FL 34607	Mailing Address 7533 JOMEL DRIVE SPRING HILL, FL 34607
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02022005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 05-0593202	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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5. Name and Address of Current Registered Agent RILEY, STEVEN P 4805 WEST LAUREL STREET, SUITE 230 TAMPA, FL 33607	DO NOT WRITE IN THIS SPACE
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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, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOLIMAN, FAWZI 7533 JOMEL DRIVE SPRING HILL, FL 34607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOLIMAN, MAUREEN 7533 JOMEL DRIVE SPRING HILL, FL 34607
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UD00000235827
02/19/05-80019-021 50.00

**DO NOT WRITE
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Maureen Soliman*

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

2/19/05

Date

Daytime Phone #