2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000021652

1. Entity Name

SIGNATURE

TRAFALGAR HOLDINGS, LLC

FILED Apr 29, 2008 08:00 AN Secretary of State

Principal Place of Business

790 SUMMA AVENUE WESTBURY, NY 11590 Mailing Address

790 SUMMA AVENUE WESTBURY, NY 11590



04152008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number	_		Applied For
20-3166900			Not Applicable
5. Certificate of Status Desired		\$5.00	Additional

Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

STONE, STEPHEN M 725 NORTH MAGNOLIA AVENUE ORLANDO, FL 32803

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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.	

(NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 U000000355273 05/22/08-80049-006 138.75

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	9.	MANAGING MEMBERS/MANAGERS		
	TITLE NAME	MGRM JAFFER, SADIQUE M		
	STREET ADDRESS CITY-ST-ZIP	790 SUMMA AVENUE . WESTBURY, NY 11590		
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M JAFFER, MOHAMMEDTAKI 1738 BRIDGEWATER DRIVE LAKE MARY, FL 32746		
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Г	11 I hereby certify that the information supplied with this filling does not qualify for the e			

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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 accordate 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:

JRE:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING NEMBER, OR AUTHORIZED REPRESENTATIVE

11 14 14

407- 649-9888 xt.34

Dale

Daytime Phone #