

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90071 031 \*\*\*138.75

**DOCUMENT # L04000022823**

1. Entity Name  
**FLORIDA COMMERCIAL INVESTMENT, L.L.C.**



Principal Place of Business  
**1840 MEASE DR.#407B  
SAFTEY HARBOR, FL 34695**

Mailing Address  
**1840 MEASE DR.#407B  
SAFTEY HARBOR, FL 34695**

**60007994**



01232008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-0924251**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**KHADEMI-KERMANSHAH, ARDESHIR**  
~~6545 TAILFEATHER WAY~~  
~~BRADENTON, FL 34203~~ *new address:*  
*394 Tall oak trail*  
*Tarpon Springs 34688*

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$138.75**  
**-After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KHADEMI-KERMANSHAH, ARDESHIR <del>6545 TAILFEATHER WAY</del> <del>BRADENTON, FL 34203</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>new address: 394 Tall oak trail</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Tarpon springs, FL</i> <i>34688</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 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:**

*[Signature]*

*2/15/2008*

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

Date

Daytime Phone #