## 2006 LIMITED LIABILITY COMPANY

SIGNATURE:

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

- MANOFINE MIMOR

## **FILED** Apr 17, 2006 08:00 AM

Daytime Phone #

ANNUAL REPORT				Secretary of State
1. Entity Nar	MENT # L04000023	526		
Principal Place 790 SUMM/ WESTBURY,		Meiling Address 790 SUMMA AVENUE WESTBURY, NY 11590		) Herijed) enn bedig bred benn benn benn benn benn bene bine benn benn
DO NOT WRITE IN THIS SPACE			CE	03162006 No Chg-LLC CR2E083 (11/05)  4. FEI Number Applied For Not Applied For Not Applied Status Desired S5.00 Additional Fee Required
6. Name and Address of Current Registered Agent STONE, STEPHEN M 725 N MAGNOLIA AVE ORLANDO, FL 32803  8. The above named entity submits this statement for the ourcose of changing its registered			of office or projectors	DO NOT WRITE IN THIS SPACE
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, speed or printed name of registered agent and title if applicable  (NOTE. Registered Agent signature required when relimitating)  DATE  Filling Fee is \$50.00  Due by May 1, 2006				
INTLE NAME SITEET ADDRESS GITY-ST-DP TITLE NAME SITEET ADDRESS CITY-ST-ZIP TITLE NAME SITEET ADDRESS GITY-ST-ZIP TITLE NAME SITEET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MGRM JAFFER, SADIQUE M 790 SUMMA AVENUE WESTBURY, NY 11590 M JAFFER, MOHAMMEDTAKI 1738 BRIDGEWATER DRIVE LAKE MARY, FL 32746  Terrify that the information supplied with the control of this report is true and appearant and the control of this report is true and appearant and the control of this report is true and appearant and the control of this report is true and appearant and the control of this report is true and appearant and the control of this report is true and appearant and the control of this report is true and appearant and the control of the c	his filing does not qualify for the ex	implions contained	DO NOT WRITE IN THIS SPACE  In Chapter 119, Florida Statutes, I further centify that the information member of the production member of members of the control of the contr
indicated on this report is true and goedrate 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 section of this report as required by Chapter 608, Florida Statutes.				