2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 30, 2007 08:00 AM Secretary of State

| DOCL | JMENT | #1 | በ4በ | በበር | 1235 | 26 |
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1. Entity Name
MASAI HOLDINGS, LLC



Principal Place of Business

Mailing Address

790 SUMMA AVENUE WESTBURY, NY 11590 790 SUMMA AVENUE WESTBURY, NY 11590



DO NOT WRITE IN THIS SPACE

04242007 No Chg-LLC CR2E083 (11/05)

| 4. FEI Number | Applied For | |
|----------------------------------|-------------------|--|
| 20-3164944 | Not Applicable | |
| 5. Certificate of Status Desired | \$5.00 Additional | |

6. Name and Address of Current Registered Agent

STONE, STEPHEN M 725 N MAGNOLIA AVE ORLANDO, FL 32803

DO NOT WRITE IN THIS SPACE

| | named entity submits this statement for the purpose of cha ions of registered agent. | inging its registered office or registered agent, or bot | n, in the State of Florida. I am familiar with, and accept | |
|---|---|--|--|--|
| SIGNATURE Signature, typed or printed name of registered agen; and little if applicable | | (NOTE: Registered Agent signature required when reinstating) | DATE | |
| Fi | iling Fee is \$50.00 ue by May 1, 2007 | | • | |
| 9. | MANAGING MEMBERS/MANAGERS | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM JAFFER, SADIQUE M 790 SUMMA AVENUE WESTBURY, NY 11590 | · | U00000745839 05/16/07-80045-007 50.0 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | M JAFFER, MOHAMMEDTAKI 1738 BRIDGEWATER DRIVE LAKE MARY, FL 32746 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | DO | NOT WRITE | |
| NAME STREET ADDRESS CITY-ST-ZIP | | IN 7 | THIS SPACE | |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | | | | |
| TITLE NAME | | | | |

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 rustee empowered to execute this report as required by Chapter 608. Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

BU - MANTE INTO MEMBER. OR AUTHORIZED REPRESENTATIVE

4/24/0'

516-997-7197

Daytime Phone #