

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000023916

FILED
Feb 28, 2006
Secretary of State

Entity Name: APPADANA INVESTMENT GROUP, LLC

Current Principal Place of Business:

C/O N.Y. DELI AND M. KHORRAMIAN
693 NORTH ORANGE AVENUE
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

C/O N.Y. DELI AND M. KHORRAMIAN
693 NORTH ORANGE AVENUE
ORLANDO, FL 32801

New Mailing Address:

FEI Number: 45-0538018

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZAERI, ZOUBIN ESQ.
1170 WEKIVA SPRINGS ROAD
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KHORRAMIAN, MOHAMMAD
Address: 693 N. ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801

Title: MGRM () Delete
Name: VAZIRI, SIAMAK
Address: 693 N. ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801

Title: MGRM () Delete
Name: ZAERI, ZOUBIN ESQ.
Address: 693 N. ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ZOUBIN ZAERI

MGRM

02/28/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date