2005 LIMITED LIABILITY COMPANY

Apr 08, 2005 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # L04000025703 04-08-2005 90275 013 ****50.00 INDRIO LAKE GARDENS, LLC Principal Place of Business Mailing Address **6705 SW 92 STREET** 6705 SW 92 STREET C/O HAMID SHANTIAI C/O HAMID SHANTIAI MIAMI, FL 33156 MIAMI, FL 33156 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04022005 Chq-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 43-20499 Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHANTIAI, HAMID Street Address (P.O. Box Number is Not Acceptable) 6705 SW 92 STREET MIAMI, FL 33156 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITI F MGRM DADE Realty & Mant carp. Delete TITLE Addition X NAME NAME STREET ADDRESS 6705 S.W. 92 St. STREET ADDRESS CITY-ST-ZIP MIAMI FL 33156 CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE ☐ Change X Addition TAVANA COPP. NAME 7215 N.W. 12 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP miami FL MGRM TITLE Delete TITLE ☐ Change zangeneh NAME NAME STREET ADDRESS STREET ADDRESS 180 Glades CITY-ST-ZIP CITY-ST-ZIP 33432 Eskandar_ AFShari GRM TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS welesley Ave. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 90049 Angeles TITLE ☐ Delete TITLE MGRM Change **X** Addition Mohseni NAME Bizan STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Detete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

Sury.

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

FILED

CO1-5345

Daytime Phone #