

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90348 030 ****50.00

DOCUMENT # L04000031575

1. Entity Name

AKBARIAN ORANGE GROVE, LLC



Principal Place of Business

12 SWAN ROAD
WINCHESTER MA 01890

Mailing Address

12 SWAN ROAD
WINCHESTER MA 01890

2. Principal Place of Business

PALM BEACH, FLORIDA
Suite, Apt. #, etc.

3. Mailing Address

260 So. OCEAN BLVD.
Suite, Apt. #, etc.

City & State

PALM BEACH
Zip 33480

Country

PALM BEACH

City & State

FLORIDA
Zip 33480

Country

4. FEI Number

20-1073042

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

AKBARIAN, MOHAMMED DR
260 SOUTH OCEAN BOULEVARD
PALM BEACH FL 33480

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME AKBARIAN, MOHAMMED
STREET ADDRESS 260 SOUTH OCEAN BLVD
CITY-ST-ZIP PALM BEACH FL 33480

TITLE MGRM ☐ Delete
NAME AKBARIAN, CYRUS R
STREET ADDRESS 330 BEACON STREET APT 171
CITY-ST-ZIP BOSTON MA 02123

TITLE MGRM ☐ Delete
NAME AKBARIAN, BETTY
STREET ADDRESS 260 SOUTH OCEAN BOULEVARD
CITY-ST-ZIP PALM BEACH FL 33480

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE:

BETTY S. AKBARIAN Betty S. AKBARIAN 3/8/05

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

Date

Daytime Phone #