

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-05-2005 90010 024 \*\*\*\*50.00

<b>DOCUMENT # L04000041155</b> 1. Entity Name <b>BAKOUNI ENTERPRISES, LLC</b>					
Principal Place of Business <b>208 SOUTH MILITARY TRAIL DEERFIELD BEACH, FL 33442</b>			Mailing Address <b>208 SOUTH MILITARY TRAIL DEERFIELD BEACH, FL 33442</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>84-1676858</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$5.00 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>BAKOUNI, RAED 208 SOUTH MILITARY TRAIL DEERFIELD BEACH, FL 33442</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		Make check payable to <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE	MGRM		TITLE	Change Addition	
NAME	BAKOUNI, RAED		NAME	Change Addition	
STREET ADDRESS	208 SOUTH MILITARY TRAIL		STREET ADDRESS	Change Addition	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		CITY-ST-ZIP	Change Addition	
TITLE	Delete		TITLE	Change Addition	
NAME	Delete		NAME	Change Addition	
STREET ADDRESS	Delete		STREET ADDRESS	Change Addition	
CITY-ST-ZIP	Delete		CITY-ST-ZIP	Change Addition	
TITLE	Delete		TITLE	Change Addition	
NAME	Delete		NAME	Change Addition	
STREET ADDRESS	Delete		STREET ADDRESS	Change Addition	
CITY-ST-ZIP	Delete		CITY-ST-ZIP	Change Addition	
TITLE	Delete		TITLE	Change Addition	
NAME	Delete		NAME	Change Addition	
STREET ADDRESS	Delete		STREET ADDRESS	Change Addition	
CITY-ST-ZIP	Delete		CITY-ST-ZIP	Change Addition	
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.					
<b>SIGNATURE: <u>RAED BAKOUNI / MM</u> 3/31/05 954-427-4411</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					