2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

ANNUAL REPORT						FILED				
	MENT # L04000082				<i>II</i>	LED				
1. Entity Nam- SHAHID 2	e ZEB, L.L.C.					2006 MAY -	·8			
Principal Place of Business Mailing Address					1	SECRETAR	Y 05 05	ug		
2888 MAHAN DRIVE, SUITES 5 & 6 TALLAHASSEE, FL 32308		2888 MAHAN DRIVE, SUITES 5 TALLAHASSEE, FL 32308		6		SECRETAR TALLAHASS	EE, FLORIC	E)A		
2. Principal Place of Business		3. Mailing Address		My/						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03302006	Chg-LLC	CR2E083 (1	1/05)		
City & State		City & State			4. FEI Numb				plied For t Applicable	
Zip	Country	Zip	Country		5. Certificate	of Status Desired		DbA 00		
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name						
GOLDBERG, STUART E 2039 CENTRE POINTE BLVD., SUITE 201				Street Address (P.O. Box Number is Not Acceptable)						
TALLAHASSEE, FL 32308										
				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 Fiorida. 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										
TOTAL register of parties in passers again and use in approache. (TOTAL register of Again, agreement register of r										
	ilng Fee Is \$50.00 ue by May 1, 2006				e check payab a Department o					
9.	MANAGING MEMBE	RS/MANAGERS	10.	· <u>-</u>		ADDITIONS	/CHANGES			
TITLE NAME	MGRM ZEB, SHAHID M.D.	☐ Delete	TITLE NAME					Change	☐ Addition	
STREET ADDRESS	2888 MAHAN DRIVE, SUITES 5 & 6 STRE			DORESS						
CITY-ST-ZIP	TALLAHASSEE, FL 32308	☐ Delete	CITY-ST-	·ZIP				Change	Addition	
NAME STREET ADDRESS	NAI		NAME Street a	DDCCCC	600074667116 05/16/0601033021 **55.00			_		
CITY-ST-ZIP			CITY-ST-		U5/16/U6U1U33U21 **\$5.00				10	
TITLE NAME		☐ Delete	TITLE NAME					Change	Addition	
STREET ADDRESS CITY-ST-ZIP			STREET A							
TITLE		☐ Delete	TITLE					Change	☐ Addition	
NAME STREET ADDRESS			name Street a	DDRESS						
CITY-ST-ZIP			CITY-ST-	- ZIP			<u>— — — — — — — — — — — — — — — — — — — </u>	¹hoooo	C Addition	
NAME		☐ Delete	TITLE NAME				ш·	Change	Addition	
STREET ADDRESS CITY-ST-ZIP			STREET A CITY-ST-							
TITLE		☐ Delete	TITLE					Change	☐ Addition	
STREET ADDRESS			STREET A							
11. hereby	certify that the information supplied with	this filing does not qualify fo	CITY-ST-	tions contained	In Chapter 119,	, Florida Statutes. I f	urther certify that	the Info	rmation	
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.										
SIGNAT	TIDE:					(Zuch	L	/	
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGONG MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Despiting Phone #										