

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 26, 2007 8:00 am**  
**Secretary of State**

07-26-2007 90010 044 \*\*\*\*50.00

**DOCUMENT # L04000082092**

1. Entity Name  
**SHAHID ZEB, L.L.C.**



Principal Place of Business  
**2888 MAHAN DRIVE, SUITES 5 & 6  
TALLAHASSEE, FL 32308**

Mailing Address  
**2888 MAHAN DRIVE, SUITES 5 & 6  
TALLAHASSEE, FL 32308**

**60053481**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

**PO Box 14369**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07242007 Chg-LLC CR2E083 (12/06)

City & State

City & State

**Tallahassee FL**

4. FEI Number

**59-3697740**

Applied For

Not Applicable

Zip

Country

Zip

Country

**32317**

**USA**

5. Certificate of Status Desired ☐

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GOLDBERG, STUART E  
2039 CENTRE POINTE BLVD., SUITE 201  
TALLAHASSEE, FL 32308**

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

**Filing Fee is \$50.00  
Due by September 14, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGRM  
ZEB, SHAHID M.D.  
2888 MAHAN DRIVE, SUITES 5 & 6  
TALLAHASSEE, FL 32308**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

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

Date

Daytime Phone #

*[Signature]*

**Shahid Zeb**

**(850) 671 4800**