

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-08-2006 90040 016 ****55.00

DOCUMENT # L04000088120 1. Entity Name FSRZ DEVELOPMENT GROUP, LLC			
Principal Place of Business 1705 SAWGRASS DRIVE SOUTHEAST PALM BAY, FL 32908		Mailing Address 1705 SAWGRASS DRIVE SOUTHEAST PALM BAY, FL 32908	
2. Principal Place of Business 1705 SAWGRASS DR.		3. Mailing Address 1705 SAWGRASS DR.	
Suite, Apt. #, etc. 1705 SAWGRASS DR.		Suite, Apt. #, etc. 1705 SAWGRASS DR.	
City & State South West Palm Bay		City & State South West Palm Bay	
Zip 32908		Zip 32908	
Country U.S.A.		Country U.S.A.	
6. Name and Address of Current Registered Agent FILINGS, INC. 3732 NORTHWEST 16TH STREET FT. LAUDERDALE, FL 33311		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: <u>Fameda Bacchus-Rafeek</u> DATE: <u>01/30/06</u> <small>(Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when renewing))</small>			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BACCHUS-RAFEK, FAMEDA 1705 SAWGRASS DRIVE SOUTHEAST PALM BAY, FL 32908	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RAFEK, SULTAN 1705 SAWGRASS DR. SW PALM BAY, FL 32908	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Fameda Bacchus-Rafeek & Sultan Rafeek</u> Date: <u>01/30/06</u> Debit Phone # <u>321 950 5715</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			

30003367



01032008 Chg-LLC CR2E083 (11/05)

4. FEI Number
 APPLIED FOR 03-028710 Applied For Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

ATTACHMENT

Department of the Treasury
Internal Revenue Service
1301 Clay St.
Oakland, CA 94612

In reply refer to: 0458748779
December 27, 2004 LTR 1721(ICP) SB
30-0287101 000

30003364
#L04000088120

FSRZ DEVELOPMENT GRP LLC
BACCHUS-RAFEK F & RAFEK SULTAN
1705 SAWGRASS DR
SW PALM BAY, FL 32908-1130 058

Taxpayer Identification Number: 30-0287101

Form:

Dear Taxpayer:

Thank you for your inquiry of December 27, 2004.

Your employer identification number (EIN) is 30-0287101. Please keep this number in your permanent records. You should enter your name and your EIN, exactly as shown above, and on all business federal tax forms that require its use, and on any related correspondence or documents.

If you have any questions, please call us toll free at 1-800-829-0115. If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Sincerely,

Mr. Calderon

#94-046-24

Enclosure(s):
Copy of this letter