2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2005
Secretary of State

DOCUMENT# L04000089212

Entity Name: SHERIFF EXPORT, LLC

Current Principal Place of Business:

4989 SHORELINE CIRCLE
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 471476
LAKE MONROE, FL 327471476

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MANEKI, ALIRAZA
4989 SHORELINE CIRCLE
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

MANEKIA, ALIRAZA
4989 SHORELINE CIRCLE
SANFORD, FL 32771 US

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.

SIGNATURE: ALIRAZA MANEKIA 03/07/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: MANEKIA, ALIRAZA
Address: 4989 SHORELINE CIRCLE
City-St-Zip: SANFORD, FL 32771

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR ( ) Change (X) Addition
Name: MANEKIA, SHABBIR A
Address: 112 CALABRIA SPRINGS COVE
City-St-Zip: SANFORD, FL 32771

Title: MGR ( ) Change (X) Addition
Name: MANEKIA, SIBTAIN A
Address: 628 SAMANTHA LANE
City-St-Zip: LAKE MARY, FL 32746

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ALIRAZA MANEKIA MGR 03/07/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date