
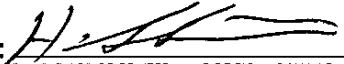


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90046 041 \*\*\*\*50.00

DOCUMENT # L05000000411					
1. Entity Name ST. PETE HOLDINGS, LLC					
Principal Place of Business C/O MR. MARK RYBURN, CPA, CPA ASSOCIATES 1301 SIXTH AVENUE WEST, SUITE 600 BRADENTON, FL 34205			Mailing Address C/O MR. MARK RYBURN, CPA, CPA ASSOCIATES 1301 SIXTH AVENUE WEST, SUITE 600 BRADENTON, FL 34205		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WALKER, ADRON H 3119 MANATEE AVE. WEST BRADENTON, FL 34205			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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____					
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	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ABDOLALI AMIR MOHAMMADIAN		NAME		
STREET ADDRESS	1301 SIXTH AVENUE WEST, SUITE 600		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34205		CITY-ST-ZIP		
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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: 		HABIDOLLAN SHOBEIRI Pos		4/24/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone # 941-747-4483	
				ASK FOR	
				U. CRITCHETT	



02032006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
20-3273157

Applied For Not Applicable

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

7. Name and Address of New Registered Agent

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.

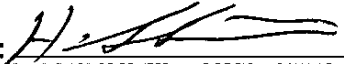
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) \_\_\_\_\_ DATE \_\_\_\_\_

Filing Fee is \$50.00 Due by May 1, 2006

Make check payable to Florida Department of State

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SIGNATURE:  HABIDOLLAN SHOBEIRI  
 Pos 4/24/06 941-747-4483  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ASK FOR U. CRITCHETT

ATTACHMENT

20059834

FL05000000411  
DURABLE POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, That I, ABDOLALI "AMIR" MOHAMMADIAN, a resident of Tehran, Iran, do hereby constitute and appoint HABIBOLLAH "HABIB" SHOBEIRI or KARIM SHOBEIRI, jointly and severally, as my attorneys in fact (hereinafter collectively referred to as "attorney in fact"). It is my intention that either one of them alone may conduct my affairs in all respects set forth herein without the separate consent, joinder or signature of the other. The attorney in fact qualified to then serve shall have the power to perform on my behalf any act, power, right, or obligation, including, but not limited to, the following:

- (1) To transact all my ordinary business at any bank, financial or savings institution wherein I shall maintain an account, and to open and maintain checking, savings, certificates of deposit, money market, and other accounts in my name in any financial institution;
- (2) To draw checks on said banks or associations; to endorse checks, including but not limited to Social Security, pension, Medicare, and health insurance checks, promissory notes, drafts and bills of exchange for collection or deposit; and to waive demand, notice and notice of exchange for collection or protest of all such writings;
- (3) To take possession of any and all securities, stocks and properties of whatsoever nature and kind from any banking corporation or individual that may now hold the same, and to have access to my safe deposit box in any bank, or my said attorney may rent any safe deposit box for the security of the same in any institution;
- (4) To sell and transfer unto any person or persons whatever, and for such price as my attorney shall think fit, my mutual funds or bonds or shares of stock of any company, and also for me and in my name, place and stead, to make any and sign all necessary acts of assignment, and to receive and give receipts for the consideration money arising from the sale thereof;
- (5) To receive and give receipts for all interest and dividends which are now due, or which shall hereafter become due and payable according to law, on all stock and bonds standing in my name;
- (6) To act for me in any business in which I am now interested; to collect any rents, or the principal and interest due me on any real estate or mortgage which I may own, giving unto my said attorney full power and authority to satisfy or assign any of such mortgages;
- (7) To lease, mortgage, improve, grant easements on or over, insure, contract for the sale of, give an option to purchase, exchange, or sell and convey any or all of my real or personal property, including my Florida homestead real property, and to execute any

**ATTACHMENT**

20039834

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necessary contracts, leases, deeds, mortgages, releases, assignments, bills of sale, closing documents, or any other instruments which are necessary to effectuate the same;

- (8) To make payment of any and all obligations or indebtedness contracted in my behalf, and to sign whatever releases or discharges or receipts that may be necessary in connection therewith;
- (9) To surrender for cash value any life insurance policies on my life, and to borrow against the cash surrender value of said policies;
- (10) To prepare, execute and file any income, gift or other tax return or claim, federal, state or local, for which I am responsible or to which my property is subject, and to do all things reasonably necessary with respect thereto; to pay any taxes, duties or assessments, and collect any claims arising therefrom; to negotiate with the appropriate tax authorities, and to litigate and compromise any differences that may arise, with respect to any tax obligations;
- (11) To exercise all rights, privileges, elections, and options I have with regard to any individual retirement account; pension, profit sharing, stock bonus, Keogh, or other retirement plan; or other benefit or similar arrangement; including, but not limited to, making withdrawals; determining forms of payments on behalf of me or my beneficiaries; making, changing, or altering investment decisions; changing custodians or trustees; making or completing rollovers; and making direct "trustee-to-trustee" or similar type transfers of the assets, rights, or other benefits thereof;
- (12) To institute, prosecute, defend, compromise, arbitrate, and dispose of legal, equitable, or administrative hearings, actions, suits, attachments, or other proceedings, or otherwise engage in litigation in connection with the premises;
- (13) If I am in a long term care facility or other institutional medical facility due to medial or mental health needs, or if my attorney-in-fact believes in good faith that my entry into such a facility is both necessary and imminent, the power to transfer all or a portion of my assets to my wife, \*W\*, as community spouse, when, in the discretion of my attorney in fact, (i) such transfer would not interfere with entry to the nursing home which is most appropriate and comfortable for me, and (ii) such transfer is necessary to preserve a portion of my estate for my wife;
- (14) If I am in a long term care facility, the power to create an irrevocable qualified income trust and to transfer any or all of my income to such trust, having in mind the ultimate objective of such transfer being the qualification for state or federal medical, welfare, or other assistance programs for my benefit;

Barnes Walker  
Chartered  
Attorneys at Law  
119 Manatee Ave. West  
Bradenton, Florida 34205

(941) 741-8224  
mail@barneswalker.com

ATTACHMENT 20039834  
#L0500000411

(15) To make, execute, acknowledge and deliver any legal instrument or other writing which may be necessary or helpful in performing the acts herein authorized in respect to property owned by me individually or jointly with my said attorney and any other person;

giving and granting unto my said attorney full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done in and about the premises as fully, to all intents and purposes, as I might or could do personally, hereby ratifying and confirming all that my said attorney shall lawfully do or cause to be done by virtue hereof.


Any third party to whom this power of attorney is presented may rely upon an affidavit by my attorney-in-fact stating, to the best of my attorney-in-fact's knowledge and belief, that this power has not been revoked and that I am then living and have not been adjudicated incapacitated. No third party relying on this power and such affidavit will be liable for any losses, damages, or claims caused by compliance with the action requested by my attorney-in-fact, unless that third party has actual knowledge of my death, adjudication of incapacity, or revocation of this power.

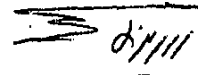
It is my intent in executing this instrument that the power conferred on my said attorney shall be exercisable commencing with the date hereof, notwithstanding any other later disability or incapacity that I may suffer, so that this durable power of attorney shall not be affected by disability of the principal except as provided by the laws of the State of Florida.


This instrument is executed in accordance with the provisions of Section 709.08, Florida Statutes, and it is my desire and intention that the same may be exercised in accordance with said law as the same now exists or as it may hereafter be amended.

IN WITNESS WHEREOF, I have signed this durable power of attorney this 31<sup>st</sup> day of December, 2004.

Signed and Delivered in presence of:

  
\_\_\_\_\_  
Print Name: Aaron H. Walker

  
\_\_\_\_\_  
Abdolali "Amir" Mohammadian

  
\_\_\_\_\_  
Print Name: Miriam Cortes

c/o Mr. Mark Ryburn, CPA of  
CPA Associates  
1301 Sixth Avenue West, Suite 600  
Bradenton, Florida 34205

Barnes Walker  
Chartered  
Attorneys at Law  
119 Manatee Ave. West  
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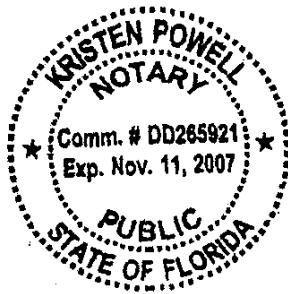
(941) 741-8224  
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ATTACHMENT

20639834  
#LO 5000000411

STATE OF FLORIDA  
COUNTY OF MANATEE

The foregoing instrument was acknowledged before me this 31<sup>st</sup> day of December, 2004, by ABDOLALI "AMIR" MOHAMMADIAN who is personally known to me or provided Passport as identification.



*Kristen Powell*

Notary Public - State of Florida

Printed Name of Notary Public

Barnes Walker  
Chartered  
Attorneys at Law  
119 Manatee Ave. West  
Bradenton, Florida 34205

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mail@barneswalker.com