

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90297 001 ****50.00

DOCUMENT # L05000002603

1. Entity Name
GHAZVINI PROPERTIES, LLC



Principal Place of Business
2911 E. INDUSTRIAL PLAZA DRIVE
TALLAHASSEE, FL 32301

Mailing Address
2911 E. INDUSTRIAL PLAZA DRIVE
TALLAHASSEE, FL 32301

2. Principal Place of Business
2811 E Industrial Plaza Dr
Suite, Apt. #, etc.

3. Mailing Address
2811 E Industrial Plaza Dr
Suite, Apt. #, etc.



01272006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number
20-2255283

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

THOMPSON, SUSAN S
3520 THOMASVILLE ROAD
TALLAHASSEE, FL 32309

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

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 May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GHAZVINI, HOSSEIN 2911 E. INDUSTRIAL PLAZA DRIVE TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GHAZVINI, MEHRDAD 2911 E. INDUSTRIAL PLAZA DRIVE TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GHAZVINI, MEHRAN 2911 E. INDUSTRIAL PLAZA DRIVE TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GHAZVINI, BEHZAD 2911 E. INDUSTRIAL PLAZA DRIVE TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	2811 E Industrial Plaza Dr Tallahassee, FL 32301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2811 E Industrial Plaza Dr Tallahassee, FL 32301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2811-E Industrial Plaza Dr Tallahassee, FL 32301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2811-E Industrial Plaza Dr Tallahassee, FL 32301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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:

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

Hossein GHAZVINI 4/4/06

Date

514-1000

Daytime Phone #