

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Aug 28, 2007 08:00 AM**  
**Secretary of State**

|                                                                                       |                                                                                   |
|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L05000007061</b><br>1. Entity Name<br><b>DAREHSHORI INNERPRIZES LLC</b> |  |
|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                        |                                                                            |
|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| Principal Place of Business<br><b>2402 PALM RIDGE RD PMB 155<br/>SANIBEL, FL 33957</b> | Mailing Address<br><b>2402 PALM RIDGE RD PMB 155<br/>SANIBEL, FL 33957</b> |
|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------|



07132007 No Chg-LLC

CR2E083 (11/05)

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|                                                                                                 |                                                        |
|-------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>37-1503192</b>                                                              | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |                                                        |

|                                                                                                                              |
|------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br><b>STERN, JERROLD S<br/>695 TARPON BAY ROAD<br/>SANIBEL, FL 33957</b> |
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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

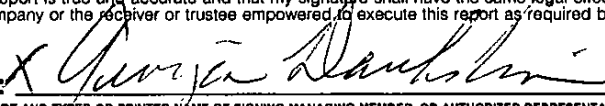
**Filing Fee is \$50.00  
Due by September 14, 2007**

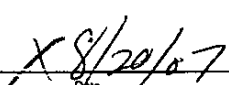
| 9. MANAGING MEMBERS/MANAGERS                   |                                                                                            |
|------------------------------------------------|--------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>DAREHSHORI, GEORGIA<br/>2402 PALM RIDGE ROAD PMB 155<br/>SANIBEL, FL 33957</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>DAREHSHORI, GHOLI<br/>2402 PALM RIDGE ROAD PMB 155<br/>SANIBEL, FL 33957</b>   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                            |

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08/28/07-80001-013 50.00

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

 **8/28/07**  
Date Daytime Phone #