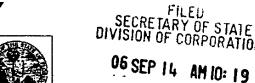
## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT



DOCUMENT # L05000013084  1. Entity Name HANI BASSILIOS FARID ARCHITECT LLC							06 SEP 14	UKPOR, <b>AM 10:</b>	ations 19	
Principal Place of Business 644 MINORCA AVENUE			Mailing Address 644 MINORCA AVENUE			•				
CORAL GABLES, FL 33134			CORAL GABLES, FL 33134							
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			1 1	EBIRT SISTI COM ARVI ABI	<b>       </b>	HI BRIEF LUIFI BLE	
City & State						07012006 4. FEI Numbe	Chg-LLC	CR2E0	83 (11/05)	plied For 1
			City & State			4. FEI NUTTEDE	· · · · · · · · · · · · · · · · · · ·		No	t Applicable
Zip Country		Zip	Country		L	of Status Desired		\$5.00 Add Fee Required		
Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name					
FARID, HA 644 MINOI CORAL GA	RCA AVE	NUE	Street Address (I			P.O. Box Number is Not Acceptable)				
		-			City				Zip Code	
The above named entity submits this statement for the purpose of changing its reg						red agent, or both	h. in the State of Fic	FL.	· <u>                                     </u>	
the obligations of registered agent.										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when revistating)  OATE										<del></del>
Filing Fee is \$50,00 Due by September 6, 2006						Make check payable to Florida Department of State				
										•
Due t	by Septem			10.				Departm	ent of State	
Due t	MGR FARID, H	nber 6, 2006	PS/MANAGERS	ntili Nam Stre	·		Florida	Departm	ent of State	Addition
9.  ITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	MGR FARID, H	MANAGING MEMBEI IANI B MR. DRCA AVENUE		TITLI	E ET ADDRESS -ST-ZIP		Florida	Departm	ent of State	
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