

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000013569

FILED
Mar 05, 2008
Secretary of State

Entity Name: RICE HOUSE OF KABOB, LLC

Current Principal Place of Business:

1521 ALTON RD. #624
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

1521 ALTON RD. #624
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 20-2318047

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHABANI, ESMAEIL
1521 ALTON RD. #624
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SHABANI, JAFAR
Address: 1521 ALTON RD. #624
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM () Delete
Name: SHABANI, ESMAEIL
Address: 1521 ALTON RD. #624
City-St-Zip: MIAMI BEACH, FL 33139

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: RICE CENTRAL, LLC
Address: 1521 ALTON RD. #624
City-St-Zip: MIAMI BEACH, FL 33139

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

Title: MGRM () Change (X) Addition
Name: SHABANI, JAFAR
Address: 1521 ALTON ROAD #624
City-St-Zip: MIAMI BEACH, FL 33139 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ESMAEIL SHABANI

MGRM

03/05/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date