

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

02-17-2006 90019 008 \*\*\*\*50.00

<b>DOCUMENT # L05000020098</b> 1. Entity Name <b>AA PLANT CITY, LLC</b>			
Principal Place of Business <b>PO BOX 291681 TAMPA FL 33687</b>		Mailing Address <b>PO BOX 291681 TAMPA FL 33687</b>	
2. Principal Place of Business <b>607 N MULHILL AVE</b>		3. Mailing Address <b>18103 Kara CT</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>CITY of Plant City</b>		City & State <b>TAMPA FL</b>	
Zip <b>Hillsborough</b>		Zip <b>33647</b>	
Country <b>Hillsborough</b>		Country <b>Hillsborough</b>	
4. FEI Number <b>202412097</b>		<input type="checkbox"/> Applied For <input checked="" 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  <b>PATEL, KAMLESH H 1211 N. WESTSHORE BLVD. 104 TAMPA FL 33607</b>		7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> 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 certifying) DATE _____			
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State.</b> <b>Due By May 1, 2006</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE <b>MGRM</b>	NAME <b>ALI, PARVIZ</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>8700 N 50TH STREET, # 101</b>	<b>18103 Kara CT</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP <b>TAMPA FL 33647</b>	<b>33647</b>		
TITLE <b>MGRM</b>	NAME <b>ARFIN, SULTAN</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>8700 N 50TH STREET # 1402</b>	<b>18213 Sandy Point</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP <b>TAMPA FL 33647</b>	<b>33647</b>		
TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP 			
TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP 			
TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP 			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.			
<b>SIGNATURE:</b> _____		<b>2-3-06 (813) 6109081</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

Attachment



30001816

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 20, 2006

AA PLANT CITY, LLC  
18103 KARA CT  
TAMPA, FL 33647

Subject: AA PLANT CITY, LLC

Reference Number:

L05000020098

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/rm

ANNUAL REPORTS SECTION

Dear Sir,

I forgot to write the FEI number  
now my number Block(4)