

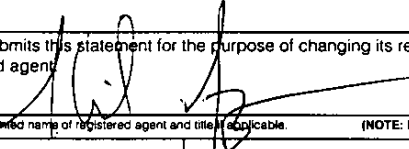
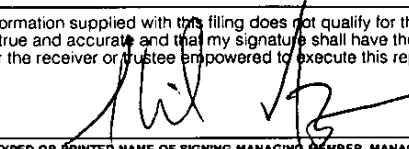


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV 17 AM 9:02

DOCUMENT # L05000027922 1. Entity Name AZAM LLC					
Principal Place of Business 530 CORAL DRIVE CAPE CORAL, FL 33904			Mailing Address 530 CORAL DRIVE CAPE CORAL, FL 33904		
2. Principal Place of Business 530 CORAL DR		3. Mailing Address 530 CORAL DR			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		10252006 REIN-LLC CR2E101 (11/05)	
City & State CAPE CORAL, FL		City & State CAPE CORAL, FL		4. FEI Number 421662225	
Zip 33904		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent AZAM, ABID 530 CORAL DRIVE CAPE CORAL, FL 33904				7. Name and Address of New Registered Agent Name ABID AZAM Street Address (P.O. Box Number is Not Acceptable) 530 CORAL DR City CAPE CORAL FL Zip Code 33904	
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  <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 10/25/2006	
FILE NOW!!! FEE IS \$50.00 After January 1, 2007, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AZAM, ABID 530 CORAL DRIVE CAPE CORAL, FL 33904	<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			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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.			REINSTATEMENT 2006		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			DATE 10/25/2006 DAYTIME PHONE # 2395490293		