2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State
04-11-2006 90017 032 ****50.00

DOCUMENT # L05000034160

1. Entity Name
HAKIM TRUST LLC

Principal Place of Business	Mailing Address
4520 W. COLONIAL DRIVE ORLANDO, FL 32808 US	4520 W. COLONIAL DRIVE ORLANDO, FL 32808 US

01272006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 20-2634828 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HAKIM, NOOR 4520 W COLONIAL DRIVE ORLANDO, FL 32808	Name: HAKiM, NOUR Street Address (P.O. Box Number is Not Acceptable): 4520 W Colonial Dr. City: Orlando FL Zip Code: 32808

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] (NOUR HAKiM) 04/04/2006
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 May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAKIM, NOOR 4520 W COLONIAL DRIVE ORLANDO, FL 32808	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President (P) HAKiM NOUR 4520 W Colonial Dr. Orlando, FL, 32808	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAKIM, ARIZ 4520 W. COLONIAL DRVIE ORLANDO, FL 32808	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Prsident (V.P) HAKiM, ADAM 4520 W Colonial Dr. Orlando, FL, 32808	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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] (NOUR HaKim) 04/04/06 (407)342-4222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT

30005748

~~HLD5000034160~~

Thank you for your help

Noor F Hakim

04/19/2006

HAKIM TRUST LLC
4520 W. COLONIAL DR.
ORLANDO, FL 32808
(407) 295-8730

Keep this part for your records. CP 575 E (Rev. 1-2005)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 E

0134764619

Your Telephone Number Best Time to Call
(407) 342 - 4222

DATE OF THIS NOTICE: 04-20-2005
EMPLOYER IDENTIFICATION NUMBER: 20-2634828
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
P.O. BOX 9003
HOLTSVILLE NY 11742-9003

HAKIM TRUST LLC
HAKIM NOOR SOLE MBR
4520 W COLONIAL DR
ORLANDO FL 32808