

# 2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L05000045828

1. Entity Name  
USMAN REALTY, LLC



FILED

07 NOV 19 PM 3:37

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business  
480 S. CYPRESS RD.  
POMPANO BEACH, FL 33060

Mailing Address  
480 S. CYPRESS RD.  
POMPANO BEACH, FL 33060

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11132007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
56-2594313

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

USMAN, ZESHAN  
480 S. CYPRESS RD.  
POMPANO BEACH, FL 33060

Name Ghulam Usman  
Street Address (P.O. Box Number is Not Acceptable)

City FL 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$50.00

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM  
NAME USMAN, ZESHAN  
STREET ADDRESS 480 S. CYPRESS RD.  
CITY-ST-ZIP POMPANO BEACH, FL 33060 ☒ Delete

TITLE MGRM  
NAME Usman, Ghulam  
STREET ADDRESS 480 S. Cypress Rd  
CITY-ST-ZIP Pompano Beach, FL 33060 ☐ Change ☒ Addition

TITLE MGR  
NAME USMAN, KIRSTEN  
STREET ADDRESS 480 S. CYPRESS RD.  
CITY-ST-ZIP POMPANO BEACH, FL 33060 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
200112376312  
11/16/07--01026--001 \*\*50.00 ☐ 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.

REINSTATEMENT