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Jul 13, 2006 8:00 am
Secretary of State
04-24-2006 90046 047 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000049935

1. Entity Name
131 S ROSCOE, LLC

30011846

Principal Place of Business	Mailing Address
2683 ST JOHNS BLUFF RD S 155 JACKSONVILLE, FL 32246 US	2683 ST JOHNS BLUFF RD S 155 JACKSONVILLE, FL 32246 US

04122006 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 20-2879986 ☐ 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
MANSOURI, SAFA 2683 ST JOHNS BLUFF RD S 155 JACKSONVILLE, FL 32246	Name 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	MGRM	☐ Delete	TITLE	Manager	☐ Change ☐ Addition
NAME	MANSOURI, SAFA		NAME	Mansouri, Safa	
STREET ADDRESS	2683 ST JOHNS BLUFF RD S # 155		STREET ADDRESS	1683 St. Johns Bluff Rd S # 155	
CITY-ST-ZIP	JACKSONVILLE, FL 32246		CITY-ST-ZIP	Jacksonville, FL 32246	
TITLE	~~MGRM~~ MGRM	☐ Delete	TITLE	Manager	☐ Change ☐ Addition
NAME	SABET, AMIR		NAME	Sabet, Amir	
STREET ADDRESS	43 S ROSCOE		STREET ADDRESS	43 S. Roscoe	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	
TITLE	~~MGRM~~ MEMBER	☒ Delete	TITLE	Member	☐ Change ☐ Addition
NAME	BITA/SAMIR FAMILY LIMITED PARTNERSHIP		NAME	Bita/Samir Family Limited Partnership	
STREET ADDRESS	929 C SENECA RD		STREET ADDRESS	929 C Seneca Rd	
CITY-ST-ZIP	GREAT FALLS, VA 22066		CITY-ST-ZIP	Great Falls, VA 22066	
TITLE	~~MGRM~~ MEMBER	☒ Delete	TITLE	Member	☐ Change ☐ Addition
NAME	KAMRANPOUR, SIAMAK S		NAME	Kamranpour, Siamak S.	
STREET ADDRESS	1248 GONZALEZ SUAREZ Y CORUNA		STREET ADDRESS	1248 Gonzalez Suarez y Coruna	
CITY-ST-ZIP	QUITO, EC 00000		CITY-ST-ZIP	Quito, EC	
TITLE	~~MGRM~~ MEMBER	☒ Delete	TITLE	Member	☐ Change ☐ Addition
NAME	ABRISHAMIAN, NIKI		NAME	Abrishamian, Niki	
STREET ADDRESS	534 CHARLES RIVER STREET		STREET ADDRESS	534 Charles River Street	
CITY-ST-ZIP	NEEDHAM, MA 02492		CITY-ST-ZIP	Needham, MA 02492	
TITLE	~~MGRM~~ MEMBER	☒ Delete	TITLE	Member	☐ Change ☐ Addition
NAME	JOHNSON, RICHARD J		NAME	Johnson, Richard J.	
STREET ADDRESS	1384 MOSS CREEK DR		STREET ADDRESS	1384 Moss Creek Dr.	
CITY-ST-ZIP	JACKSONVILLE, FL 32225		CITY-ST-ZIP	Jacksonville, FL 32225	

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: _____ 4/16/06 904-642-2603
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #