

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000061549

FILED  
Jan 23, 2008  
Secretary of State

Entity Name: CHOWDHURY BROTHERS, L.L.C.

**Current Principal Place of Business:**

9128A SE BRIDGE ROAD  
HOBE SOUND, FL 33455

**New Principal Place of Business:**

**Current Mailing Address:**

9128A SE BRIDGE ROAD  
HOBE SOUND, FL 33455

**New Mailing Address:**

FEI Number: 20-3034293

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHOWDHURY, NURUL I  
8960 SE HOBE RIDGE AVE  
HOBE SOUND, FL 33455 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CHOWDHURY, NURUL I  
Address: 8960 SE HOBE RIDGE AVE  
City-St-Zip: HOBE SOUND, FL 33455

Title: MGRM ( ) Delete  
Name: CHOWDHURY, NAZRUL I  
Address: 137 SE 1ST AVENUE  
City-St-Zip: HALLANDALE, FL 33009

Title: MGRM ( ) Delete  
Name: CHOWDHURY, MESBAHUDDIN A  
Address: 137 SE 1ST AVENUE  
City-St-Zip: HALLANDALE, FL 33009

Title: MGRM ( ) Delete  
Name: CHOWDHURY, ROKANUDDIN A  
Address: 9128A SE BRIDGE ROAD  
City-St-Zip: HOBE SOUND, FL 33455

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: NURUL CHOWDHURY

MGRM

01/23/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date