

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000067995

1. Entity Name  
ASTORIA OAKS, LLC



Principal Place of Business  
2811 E. INDUSTRIAL PLAZA DRIVE  
TALLAHASSEE, FL 32301

Mailing Address  
2811 E. INDUSTRIAL PLAZA DRIVE  
TALLAHASSEE, FL 32301

**FILED**  
08 APR -4 AM 8:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02082008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-3336008

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

THOMPSON, SUSAN  
3520 THOMASVILLE ROAD, 4TH FLOOR  
TALLAHASSEE, FL 32309

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
GHAZVINI, HOSSEIN  
2811 E. INDUSTRIAL PLAZA DRIVE  
TALLAHASSEE, FL 32301

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
GHAZVINI, MEHRAN  
2811 E. INDUSTRIAL PLAZA DRIVE  
TALLAHASSEE, FL 32301

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
GHAZVINI, BEHZAD  
2811 E. INDUSTRIAL PLAZA DRIVE  
TALLAHASSEE, FL 32301

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
GHAZVINI, BEHZAD  
2811 E. INDUSTRIAL PLAZA DRIVE  
TALLAHASSEE, FL 32301

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
ASBURY, THOMAS  
2811 E. INDUSTRIAL PLAZA DRIVE  
TALLAHASSEE, FL 32301

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000122273020  
04/04/08--01023--021 \*\*138.75

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/2/08 850-205-5231