2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2010
Secretary of State

DOCUMENT# L05000067995

Entity Name: ASTORIA OAKS, LLC

Current Principal Place of Business:

4708 CAPITAL CIRCLE NW
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

4708 CAPITAL CIRCLE NW
TALLAHASSEE, FL 32303

New Mailing Address:

FEI Number: 20-3336008 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMPSON, SUSAN
3520 THOMASVILLE ROAD, 4TH FLOOR
TALLAHASSEE, FL 32309 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
Name: GHAZVINI, HOSSEIN
Address: 4708 CAPITAL CIRCLE NW
City-St-Zip: TALLAHASSEE, FL 32303

Title: MGRM
Name: GHAZVINI, MEHRAN
Address: 4708 CAPITAL CIRCLE NW
City-St-Zip: TALLAHASSEE, FL 32303

Title: MGRM
Name: GHAZVINI, BEHZAD
Address: 4708 CAPITAL CIRCLE NW
City-St-Zip: TALLAHASSEE, FL 32303

Title: P
Name: GHAZVINI, BEHZAD
Address: 4708 CAPITAL CIRCLE NW
City-St-Zip: TALLAHASSEE, FL 32303

Title: MGRM
Name: ASBURY, THOMAS
Address: 4708 CAPITAL CIRCLE NW
City-St-Zip: TALLAHASSEE, FL 32303

I hereby 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 Statues.

SIGNATURE: HOSSEIN GHAZVINI P 04/14/2010

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