

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000067995

FILED  
Mar 15, 2011  
Secretary of State

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 Statutes.

SIGNATURE: HOSSEIN GHAZVINI

D

03/15/2011

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