

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 21, 2007 8:00 am**  
**Secretary of State**

02-21-2007 90103 003 \*\*\*\*50.00

<b>DOCUMENT # L05000078438</b>			
<b>1. Entity Name</b> JAWAH ENTERPRISES LLC			
<b>Principal Place of Business</b> 4020 STATE ROAD 674 SUITE 1 SUN CITY CENTER, FL 33573		<b>Mailing Address</b> 4020 STATE ROAD 674 SUITE 1 SUN CITY CENTER, FL 33573	
<b>2. Principal Place of Business - No P.O. Box #</b> 6103 MARBELLA BLVD		<b>3. Mailing Address</b> 6103 MARBELLA BLVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b> APOLLO BEACH, FL		<b>City &amp; State</b> APOLLO BEACH, FL, 33572	
<b>Zip</b> 33572		<b>Country</b> USA	
<b>4. FEI Number</b> 20-3277409		Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  HAFEEZ, JAVED 6103 MARBELLA BLVD APOLLO BEACH, FL 33572		<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;">FL</span> Zip Code	
<b>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.</b>			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HAFEEZ, JAVED 4020 STATE ROAD 674 SUN CITY CENTER, FL 33573 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	6103 MARBELLA BLVD APOLLO BEACH, FL, 33572 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR AKBAR, WAHEED 580 GULF VIEW DRIVE SAGINAW, MI 48638 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	580 - GOLFVIEW DRIVE SAGINAW, MI 48638 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
<b>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.</b>			
<b>SIGNATURE:</b> <i>Jawah Hafeez</i>		JAVED HAFEEZ	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #
2-11-2007		813-634-5502	