

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 25, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L05000078628

1. Entity Name  
SHASTI PROPERTIES, LLC



Principal Place of Business

%ACCESS ENGINEERING AND CONSULTING, INC.  
110 E REYNOLDS STREET, SUITE 804  
PLANT CITY, FL 33563 US

Mailing Address

%ACCESS ENGINEERING AND CONSULTING, INC.  
110 E REYNOLDS STREET, SUITE 804  
PLANT CITY, FL 33563 US



04222008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
54-2181505

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SHASTI-NAZEM, M. ALI  
110 E REYNOLDS STREET, SUITE 804  
PLANT CITY, FL 33563

**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**

U000000923372  
05/16/08-80028-003 143.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SHASTI-NAZEM, M. ALI
STREET ADDRESS	110 E REYNOLDS STREET, SUITE 804
CITY-ST-ZIP	PLANT CITY, FL 33563
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 #

4-23-08 (813) 707-8336