## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

| DOCUMENT # L05000091859  1. Entity Name GHAZVINI ASBURY LLC  |  |                      |  | FILED<br>07 APR 25 AM 8: 00                                  |  |                    |                           |
|--|--|----------------------|--|--|--|--------------------|---------------------------|
| Principal Place of Business  2811-E INDUSTRIAL PLAZA DRIVE TALLAHASSEE, FL 32301-3587  Mailing Address  2811-E INDUSTRIAL PLAZA TALLAHASSEE, FL 32301-3587  TALLAHASSEE, FL 32301-   |  |                      |  | London   |  |                    |                           |
| Principal Place of Business - No P.O. Box # 3. Mailing Address   |  |                      |  |  |  |                    |                           |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.                                      | Suite, Apt. #, etc.  |  | 03302007   | Chg-LLC  | CR2E083 (12/06)    |                           |
| City & State   | City & State   |                      | -101×  | 4. FEI Numb  |  | <u> </u>           | plied For<br>t Applicable |
| Zip Country  | Zip  |                      |  |  | e of Status Desired                                  | 55.00 Add          |                           |
| 6. Name and Address of Current Registered Agent  |  |                      | 7. Name and Address of New Registered Agent Name hazvini, Behzad |  |  |                    |                           |
| GHAZVINI, MEHRDAD<br>2811-E INDUSTRIAL PLAZA DRIVE<br>TALLAHASSEE, FL 32301-3587   |  | Street A             |  | is (P.O. Box Number is Not Acceptable) E Industrial Plaza DR |  |                    |                           |
| TALLATIASSEE, FE 32301-3367  |  |                      |  |  |  |                    |                           |
|  |  |                      |  | lahasset FL Zip Cod 300 301                                  |  |                    |                           |
| 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 age   | nt and title if applicable (NO)                          | TE: Registered       | d Agent signature require  | d when reinstating)  | 1  | DATE               |                           |
| Filing Fee Is \$50.00<br>Due by May 1, 2007  |  | 7                    | BK   |  | Make check payable to<br>Florida Department of State |                    |                           |
| 9. MANAGING MEMI   | BERS/MANAGERS  | 10.                  |  | -  | ADDITIONS/C  |                    |                           |
| TITLE MGRM Delete  NAME GHAZVINI, HOSSEIN  STREET ADDRESS 2811-E INDUSTRIAL PLAZA DRIVE  |  | NAMI<br>STRE         | 1  | 71   | ពិពីវកវត   | □ Change<br>>:=4=7 | ☐ Addition                |
| CITY-SI-ZIP TALLAHASSEE, FL 323013587  TITLE MGRM X Delete   |  | CITY                 | -ST-ZIP  | 05/0   | 001016<br>4/0701059-                                 |                    |                           |
| NAME GHAZVINI, MEHRDAD STREET ADDRESS   2811-E INDUSTRIAL PLAZA D  | GHAZVINI, MEHRDAD  ADDRESS 2811-E INDUSTRIAL PLAZA DRIVE |                      | E<br>E<br>ET ADDRESS<br>-ST-ZIP                                  |  |  | ☐ Change           | Addition                  |
|  | GHAZVINI, MEHRAN DRESS 2811-E INDUSTRIAL PLAZA DRIVE     |                      |  |  |  | ☐ Change           | Addition                  |
| TITLE MGRM Delete  GHAZVINI, BEHZAD  STREET ADDRESS  CITY-ST-ZIP TALLAHASSEE, FL 323013587   |  | TITLE<br>NAM<br>STRE | <b>I</b>   |  |  | ☐ Change           | ☐ Addition                |
| 1  | MGRM Delete ASBURY, THOMAS 2811-E INDUSTRIAL PLAZA DRIVE |                      | E<br>E<br>EET ADORESS<br>-ST-ZIP                                 |  |  | ☐ Change           | Addition                  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | ☐ Delete   |                      | <b>I</b>   |  |  | ☐ Change           | ☐ Addition                |
| 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: 124 07 514-1000 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayloring Phone #  |  |                      |  |  |  |                    |                           |