

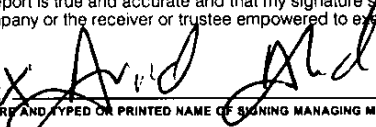


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 07, 2008 8:00 am**  
**Secretary of State**

02-07-2008 90086 005 \*\*\*138.75

<b>DOCUMENT # L05000117718</b> 1. Entity Name <b>AHAD ISLAM INVESTMENT, LLC</b>					
Principal Place of Business <del>2400 HARBOR BOULEVARD</del> <del>SUITE 6</del> <del>PORT CHARLOTTE, FL 33952</del>		Mailing Address <del>2400 HARBOR BOULEVARD</del> <del>SUITE 6</del> <del>PORT CHARLOTTE, FL 33952</del>			
2. Principal Place of Business - No P.O. Box # <b>3390 TAMiami TRAIL</b> Suite, Apt. #, etc. <b>#205</b>		3. Mailing Address <b>3390 TAMiami TRAIL</b> Suite, Apt. #, etc. <b>#205</b>			
City & State <b>PORT CHARLOTTE, FL</b> Zip <b>33952</b> Country <b>CHARLOTTE</b>		City & State <b>PORT CHARLOTTE, FL</b> Zip <b>33952</b> Country <b>CHARLOTTE</b>		4. FEI Number <b>20-8539725</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>LANE, DANIEL A</b> <b>4166 TAMiami TRAIL</b> <b>UNIT B</b> <b>PORT CHARLOTTE, FL 33952</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AHAD, ARSHAD <del>2400 HARBOR BLVD SUITE 6</del> <del>PORT CHARLOTTE, FL 33952</del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>3390 TAMiami TRAIL, #205</del> <del>PORT CHARLOTTE, FL 33952</del>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 			X 2/4/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		