



**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 AM
Secretary of State


DOCUMENT # L06000004224 1. Entity Name JAHAN LLC	
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Principal Place of Business 899 SPRING GARDEN AVENUE DELAND, FL 32724	Mailing Address 899 SPRING GARDEN AVENUE DELAND, FL 32724
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DO NOT WRITE IN THIS SPACE



03292008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-4118018	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired  \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**JAHAN, RUHIPAR
899 SPRING GARDEN AVENUE
DELAND, FL 32724**

**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**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NUR, NAZMUN 899 SPRING GARDEN AVENUE DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AKTER, NAZMA 899 SPRING GARDEN AVENUE DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JAHAN, RUHIPAR 899 SPRING GARDEN AVENUE DELAND, FL 32724
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**DO NOT WRITE
IN THIS SPACE**

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04/25/08-80079-018 143.75

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: RUHIPAR JAHAN **03/29/2008**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #