2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2008
Secretary of State

DOCUMENT# L06000030565

Entity Name: FARHANA ENTERPRISES, LLC

Current Principal Place of Business:

4680 S. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32839 US

New Principal Place of Business:

590 W OAKRIDGE RD
ORLANDO, FL 32809 US

Current Mailing Address:

4680 S. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32839 US

New Mailing Address:

590 W OAKRIDGE RD
ORLANDO, FL 32809 US

FEI Number: 20-4549525 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GULAMALI, AMIN
4680 S. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32839 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: GULAMALI, AMIN A
Address: 4680 S OBT
City-St-Zip: ORLANDO, FL 32839

Title: MGRM ( ) Delete
Name: GULAMALI, RAMZAN A
Address: 2160 AMERICANA BLVD
City-St-Zip: ORLANDO, FL 32839

Title: MGRM (X) Delete
Name: GOSAL, DILIP
Address: 2160 AMERICANA BLVD
City-St-Zip: ORLANDO, FL 32839

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: AMIN GULAMALI MGRM 01/09/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date