## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/29/2007-90286-025-\$50.00-\$50.00

FILED

**DOCUMENT # L06000040179** 07 OCT -5 PM 2: 34 KURDI INVESTMENTS, L.L.C. SECKLIAL LATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 10579 94TH-AVENUE 2395 Stag 10570 O TTH AVENUE SEMINOLE, FL 82772 40118876 Suite, Apt. #, etc. Suite, Apt. #, etc. 05042007 Chg-LLC CR2E083 (12/06) 4. FEI Number City & State City & State Applied For 30 Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Reculred 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARTIN, JOHN P **401 SOUTH LINCOLN AVENUE** Street Address (P.O. Box Number is Not Acceptable) CLEARWATER, FL 33772 Zip Code FL 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 trile if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by September 14, 2007 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE TITLE ☐ Change ☐ Addition KURDI, SEYDO NAME NAME STREET ADDRESS 10579 94TH AVENUE STREET ADDRESS CITY-ST-ZIP SEMINOLE, FL 33772 CITY-ST-ZIP TITLE Ociete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STATEMENT TITLE Delete ☐ Change ☐ Addition HALEF STREET ADDRESS STREET AUDRESS City-St-ZIP CITY-ST-ZIP ann Delete TITLE Change Addition MALIF STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY - ST - ZIP ☐ Deleta MLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME MASAF STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP 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.

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