


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90196 021 ****50.00

DOCUMENT # L06000041188	
1. Entity Name ATIQUEZZAMAN & ATIQUEZZAMAN, LLC	

Principal Place of Business 9213 COUNTRY BAY COURT ORLANDO, FL 32819	Mailing Address 9213 COUNTRY BAY COURT ORLANDO, FL 32819
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60051030



2. Principal Place of Business - No P.O. Box # 5418 OSPREY ISLE LANE Suite, Apt. #, etc.	3. Mailing Address 5418 OSPREY ISLE LANE Suite, Apt. #, etc.
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04172007 Chg-LLC CR2E083 (12/06)

City & State Orlando FL	City & State Orlando FL
Zip 32819	Zip 32819
Country	Country

4. FEI Number 20-4746298	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent ATIQUEZZAMAN, BASHER 9213 COUNTRY BAY COURT ORLANDO, FL 32819	7. Name and Address of New Registered Agent Name ATIQUEZZAMAN, BASHER Street Address (P.O. Box Number is Not Acceptable) 5418 OSPREY ISLE LANE City Orlando FL Zip Code 32819
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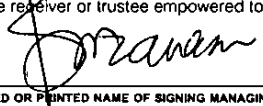
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ATIQUEZZAMAN, BASHER 9213 COUNTRY BAY COURT ORLANDO, FL 32819 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5418 OSPREY ISLE LANE Orlando FL 32819 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ATIQUEZZAMAN, TAHSINA 9213 COUNTRY BAY COURT ORLANDO, FL 32819 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5418 OSPREY ISLE LANE Orlando FL 32819 <input checked="" 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: 	Date 4/25/07	Daytime Phone # 407-876-715
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