

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000077631

FILED  
Mar 05, 2009  
Secretary of State

Entity Name: CLUB TEN WINGS II, L.L.C.

## Current Principal Place of Business:

6370 N STATE RD 7  
POMPAÑO BEACH, FL 33076

## New Principal Place of Business:

6370 N STATE RD 7  
COCONUT CREEK, FL 33076

## Current Mailing Address:

6370 N STATE RD 7  
POMPAÑO BEACH, FL 33076

## New Mailing Address:

6370 N STATE RD 7  
COCONUT CREEK, FL 33076

FEI Number: 20-5462554

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MANIAR, RAJUL  
2855 NORTH UNIVERSITY DRIVE  
POMPAÑO BEACH, FL 33065 US

## Name and Address of New Registered Agent:

MANIAR, RAJU  
2855 NORTH UNIVERSITY DRIVE  
CORAL SPRINGS, FL 33071 US

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: RAJU MANIAR

03/05/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: KASSIM, NURUDDIN  
Address: 12347 N.W. 10TH DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: M ( ) Delete  
Name: RAJWANY, BADRUDDIN  
Address: 5166 N.W. 125TH AVENUE  
City-St-Zip: CORAL SPRINGS, FL 33076

Title: M (X) Delete  
Name: LAHKANI, BAHADURALI  
Address: 1146 NORTH UNIVERSITY DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: M (X) Delete  
Name: MUHAMED, NAWAZ H  
Address: 7693 N. W. 70TH AVENUE  
City-St-Zip: PARKLAND, FL 33067

Title: M (X) Delete  
Name: RAYANI, SHAMS  
Address: 4635 N.W. 57TH LANE  
City-St-Zip: CORAL SPRINGS, FL 33067

Title: M (X) Delete  
Name: JINNAH, ISHTIAQ  
Address: 15846 S.W. 17TH STREET  
City-St-Zip: DAVIE, FL 33326

## ADDITIONS/CHANGES:

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

Title: MGR (X) Change ( ) Addition  
Name: KASSIM, KARIM  
Address: 6370 N. STATE ROAD 7  
City-St-Zip: COCONUT CREEK, FL 33076

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

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: KARIM KASSIM

M

03/05/2009

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