

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000107133

FILED  
Feb 26, 2010  
Secretary of State

**Entity Name:** ARB LAND HOLDINGS, LLC

**Current Principal Place of Business:**

2215 NEBRASKA AVENUE  
STE 2E  
FT. PIERCE, FL 34950

**New Principal Place of Business:**

**Current Mailing Address:**

2215 NEBRASKA AVENUE  
STE 2E  
FT. PIERCE, FL 34950

**New Mailing Address:**

**FEI Number:** 20-8828080

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BRENNAN, MANNA & DIAMOND, P.L.  
76 SOUTH LAURA STREET, SUITE 2110  
JACKSONVILLE, FL 32202 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: MGR  
Name: RASHID, AHMAD MANAGER  
Address: 2215 NEBRASKA AVENUE, SUITE 2E  
City-St-Zip: FT. PIERCE, FL 34950

Title: DR.  
Name: RASHID, AHMAD MEMBER  
Address: 2215 NEBRASKA AVENUE, SUITE 2E  
City-St-Zip: FT. PIERCE, FL 34950

Title: MRS.  
Name: RASHID, NUZHAT MEMBER  
Address: 2215 NEBRASKA AVENUE, SUITE 2E  
City-St-Zip: FT. PIERCE, FL 34950

Title: MRS.  
Name: SHAREEF, MEHR MEMBER  
Address: 2215 NEBRASKA AVENUE, SUITE 2E  
City-St-Zip: FT. PIERCE, FL 34950

Title: DR.  
Name: SHAREEF, BABAR MEMBER  
Address: 2215 NEBRASKA AVENUE, SUITE 2E  
City-St-Zip: FT. PIERCE, FL 34950

I hereby 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: EVELYN KUTA

ADM.

02/26/2010

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