2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Apr 15, 2008 8:00 am
Secretary of State
04-15-2008 90113 013 ***138.75

DOCUMENT # L07000013097

1. Entity Name

RASHEED HOMES LLC

Principal Place of Business	Mailing Address
5985 S UNIVERSITY DR SUITE 115 DAVIE FL 33328	5985 S UNIVERSITY DR SUITE 115 DAVIE FL 33328

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
15841 PINES BLVD #110	15841 PINES BLVD. #110
Suite, Apt. #, etc.: #110	Suite, Apt. #, etc.
City & State: PEMBROKE PINES FL	City & State: PEMBROKE PINES FL
Zip: 33027 Country: U.S.A.	Zip: 33027 Country: U.S.A.

4. FEI Number 20-8394868 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RASHEED, ABDOOL 5985 S UNIVERSITY DR SUITE 115 DAVIE FL 33328	Name: ABDOOL RASHEED Street Address (P.O. Box Number is Not Acceptable): 15841 PINES BLVD #110 City: PEMBROKE PINES FL Zip Code 33027

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 Abdool Rasheed ABDOOL RASHEED 3.31.08
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent's signature required when reinstating. DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RASHEED, ABDOOL 5985 S UNIVERSITY DR SUITE 115 DAVIE FL 33328	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ABDOOL RASHEED 15841 PINES BLVD #110 PEMBROKE PINES FL 33027	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Abdool Rasheed ABDOOL RASHEED 3.31.08 954-682-9505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #