

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

**FILED
Feb 14, 2008 8:00 am
Secretary of State**

02-14-2008 90075 005 ***138.75

DOCUMENT # L07000031937

1. Entity Name
MAWJH REAL ESTATE LLC



Principal Place of Business
6103 MARBELLA BLVD
APOLLO BEACH, FL 33572

Mailing Address
6103 MARBELLA BLVD
APOLLO BEACH, FL 33572



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number
20-8694698 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

HAFEEZ, JAVED
4020 SUN CITY BLVD
STE 1
SUN CITY CENTER, FL 33573

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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 title if applicable.

(NOTE: Registered Agent 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 MGR
NAME HAFEEZ, JAVED
STREET ADDRESS 4020 SUN CITY BLVD STE 1
CITY-ST-ZIP SUN CITY CENTER, FL 33573

Delete Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR
NAME OLD WESTBURY GROUP LLC
STREET ADDRESS 188 OLD WESTBURY ROAD
CITY-ST-ZIP OLD WESTBURY, NY 11568

Delete Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR
NAME AKBAR, WAHEED
STREET ADDRESS 580 GULF VIEW DRIVE
CITY-ST-ZIP SAGINAW, MI 48638

Delete Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete Change Addition
TITLE
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Delete Change Addition
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete Change Addition
TITLE
NAME
STREET ADDRESS
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.

SIGNATURE: *Javed Hafey Javed Hafeez*

2-9-2008 813-634-5502

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #