

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000106013

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: ARMIN HOMES L.L.C.

**Current Principal Place of Business:**

55 NE 5TH AVENUE  
501  
BOCA RATON, FL 33432

**New Principal Place of Business:**

**Current Mailing Address:**

55 NE 5TH AVENUE  
501  
BOCA RATON, FL 33432

**New Mailing Address:**

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

MONIQUE TRONCONE, CPA  
55 NE 5TH AVENUE  
501  
BOCA RATON, FL 33432 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: MGRM ( ) Delete  
Name: MOHAMMADALIZADEH, AKRAM  
Address: 55 NE 5TH AVENUE  
City-St-Zip: BOCA RATON, FL 33432

Title: MGRM ( ) Delete  
Name: DASTJERDI, AHMAD  
Address: 21146 ESCONDIDO WAY  
City-St-Zip: BOCA RATON, FL 33433

**ADDITIONS/CHANGES:**

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: AHMAD DASTJERDI

MANA

04/30/2009

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