

**FILE NOW: Fee after May 1, will be \$588.75**

212.50  
 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT  
 1997.



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

1997 MAY 27 PM 1:12  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**FILING FEE**  
**\$ 203.75** Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee  
**Make Check Payable To: FLORIDA DEPARTMENT OF STATE**

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # L9500000950**

**FALCON MANAGEMENT SERVICES, L.C.**  
**1, S.E. 3rd AVENUE, SUITE 1440**  
**MIAMI - FL - 33131**

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a

2. Principal Place of Business **AS ABOVE**  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

2a. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

1a. Principal Place of Business Address

**1, S.E. 3rd AVENUE**  
**SUITE 1440**  
**MIAMI - FL - 33131**

3. Date Organized or Qualified

**12/08/1995**

3a. State of Formation

**FL**

4. FEI Number

**65-0630330**

☐ Applied For

☐ Not Applicable

5. Date of Last Report

**05/01/96**

6. Certificate of Status Desired

☒ Active ☐ Revoked ☐ Expired

7. Name and Address of Current Registered Agent

**NASIM A. RAHMAN**  
**1, S.E. 3rd AVENUE,**  
**SUITE - 1440**  
**MIAMI - FL - 33131**

8. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, etc.

City

Zip Code

**FL**

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

DATE

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	HASSAN DAHLAWI AS TRUSTEE	1, S.E. 3rd AV., SUITE 1440 MIAMI - FL - 33131	MIAMI - FL - 33131
MEM	DAHLAWI - ABDULLAH	1, S.E. 3rd AV., SUITE 1440	MIAMI - FL - 33131
MEM	DAHLAWI - GHASSAM	1, S.E. 3rd AV., SUITE 1440	MIAMI - FL - 33131

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**-05/29/97--01049--004**  
**\*\*\*\*772.50 \*\*\*\*212.50**

**5/23/97**

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

**NASIM A. RAHMAN**

**05/23/97 (305) 374-1060**

Date

Daytime Phone #