


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L98000002901		
1. Entity Name SRMB, L.C.		

Principal Place of Business 7380 S.W. 122 STREET MIAMI, FL 33156	Mailing Address 7957 NW 54 ST. MIAMI, FL 33156
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**DO NOT WRITE IN THIS SPACE**



01062006 No Chg-LLC      CR2E083 (11/05)

4. FEI Number 65-0893571	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent	
RAZZAGHI-AWAL, AMIR 7380 S.W. 122 STREET MIAMI, FL 33156	

**DO NOT WRITE  
IN THIS SPACE**

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)

1100000421385  
02/15/06 08:00 AM DATE 005 50.00

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RAZZAGHI-AWAL, AMIR 7380 S.W. 122 STREET MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MAZOR, DAVID 9980 S.W. 130 STREET MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SADEGHI, ALI 15455 S.W. 82ND COURT MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/10/06      305 238 4202  
Date      Daytime Phone