2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2007 08:00 A
Secretary of State

DOCUMENT # L99000008969

1. Entity Name
TAVAKOLI ENTERPRISES, L.L.C.

Principal Place of Business	Mailing Address
1814 BEARSS AVENUE TAMPA, FL 33613	1814 BEARSS AVENUE TAMPA, FL 33613

01022007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3613797
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TAVAKOLI, NOUSHAFARIN
1814 BEARSS AVENUE
TAMPA, FL 33613

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	PD
NAME	TAVAKOLI, NOUSHAFARIN
STREET ADDRESS	1814 BEARSS AVENUE
CITY-ST-ZIP	TAMPA, FL 33613
TITLE	VTD
NAME	STAAB, CAMELLIA
STREET ADDRESS	918 HILLCREST
CITY-ST-ZIP	ROCHESTER, IL 62563
TITLE	S
NAME	OLSEN, YASSAMAN
STREET ADDRESS	14407 MUIR FIELD LANE
CITY-ST-ZIP	HOUSTON, TX 77095
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000702286
04/20/07-80090-017 50.00

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

SIGNATURE: x N. Tavakoli x Noushafarin x 4/9/07 x 813-962-3706
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

TAVAKOLI