


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 07, 2005 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**



01192005No Chg-LLC CR2E083 (10/03)

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

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

**Filing Fee is \$50.00 Due by May 1, 2005**

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	

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 02/08/05-80019-004 50.00

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  \_\_\_\_\_ Date: 1/30/05 Daytime Phone #: (305) 796-0658

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