

FILED


Apr 28, 2003 8:00 am
Secretary of State

04-15-2003 90027 049 ****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000001436

1. Entity Name
GAUR HOLDINGS, LLC



Principal Place of Business
12412 SAN JOSE BLVD
SUITE 304
JACKSONVILLE FL 32223

Mailing Address
12412 SAN JOSE BLVD
SUITE 304
JACKSONVILLE FL 32223

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number Not applicable Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
AKEL, EDWARD C
ONE INDEPENDENT DR
SUITE 2301
JACKSONVILLE FL 32203

7. Name and Address of New Registered Agent
Name Ravindra Gaur
Street Address (P.O. Box Number is Not Acceptable)
4446 Summer Haven Blvd. S.
City Jacksonville FL Zip Code 32258

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] Ravindra Gaur, Manager DATE 4/8/03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MGR</u> <u>GAUR, RAVINDRA</u> <u>12412 SAN JOSE BLVD SUITE 304</u> <u>JACKSONVILLE FL 32223</u> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MGR</u> <u>GAUR, SAVITA</u> <u>12412 SAN JOSE BLVD SUITE 304</u> <u>JACKSONVILLE FL 32223</u> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I 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 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: [Signature] Ravindra Gaur DATE 4/8/03 Daytime Phone # 904-262-8788 x13

CR2E083 (10/02)