


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000031844 1. Entity Name NISHCRA, LLC	
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Principal Place of Business 908 GRANDVIEW BLVD. FORT PIERCE, FL 34982 US	Mailing Address P.O. BOX 13390 FORT PIERCE, FL 34979-3390 US
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01082005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0670685	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 SOTKOVSKY, CRAIG 908 GRANDVIEW BLVD. FORT PIERCE, FL 34982	DO NOT WRITE IN THIS SPACE
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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 constituting)

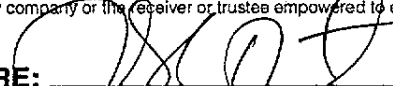
**Filing Fee is \$50.00
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	MGRM SOTKOVSKY, CRAIG 908 GRANDVIEW BLVD. FORT PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY-ST- ZIP	MGRM SOTKOVSKY, NISHI 908 GRANDVIEW BLVD. FORT PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY-ST- ZIP	MGR PATEL, SHEENAL 845 UN PLAZA, APT 24G NEW YORK, NY 10017
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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 01/12/05-80024-001 50.00

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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:  Nishi Gotkowsky 1/5/05 772-465-8363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Day-Mo Phone #