

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 22, 2003 8:00 am
Secretary of State

09-22-2003 90104 007 ****50.00

DOCUMENT # L02000031844

1. Entity Name

NISHCRA, LLC



Principal Place of Business

Mailing Address

908 GRANDVIEW BLVD.
FORT PIERCE FL 34952

908 GRANDVIEW BLVD.
FORT PIERCE FL 34952

2. Principal Place of Business

3. Mailing Address

908 GRANDVIEW BLVD

PO. Box 13390

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Fort Pierce Florida

Fort Pierce Florida

City & State

City & State

34952 U.S.A.

Zip

Country

34979-3390

Country

U.S.A.

4. FEI Number

02-067-0685

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOTKOVSKY, CRAIG
908 GRANDVIEW BLVD.
FORT PIERCE FL 34952

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE

9/15/03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ~~MEMBER~~ MGR Delete
NAME CRAIG Sotkovsky
STREET ADDRESS 908 GRANDVIEW BLVD.
CITY-ST-ZIP Fort Pierce, Florida 34952

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~MEMBER~~ MGR Delete
NAME Nishi Sotkovsky
STREET ADDRESS 908 GRANDVIEW BLVD.
CITY-ST-ZIP Fort Pierce, Florida 34952

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~MEMBER~~ MGR Delete
NAME SHEENA PATEL
STREET ADDRESS 845 U.N. PLAZA APT G
CITY-ST-ZIP N.Y., N.Y. 10017

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED CRAIG W. Sotkovsky 9/15/03

772-370-9290

772-465-8363

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

Date

Daytime Phone #

CR2E083 (4/03)