2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2005
Secretary of State

DOCUMENT# L04000044245

Entity Name: FLORIPA, LLC

Current Principal Place of Business:

2172 SE MILL CREEK CIRCLE
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

PO BOX 5627
OCALA, FL 34478

New Mailing Address:

FEI Number: 11-3720771 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAMASWAMI, WENDI L
1600 SW 42ND STREET
OCALA, FL 34474 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title:	MGRM	( ) Delete
Name:	RAMASWAMI, SUKUMARAN R	
Address:	1600 SW 42ND STREET	
City-St-Zip:	OCALA, FL 34474	
Title:	MGRM	( ) Delete
Name:	DAS, RANJANA P	
Address:	2172 SE MILL CREEK CIRCLE	
City-St-Zip:	OCALA, FL 34471	
Title:	MGRM	( ) Delete
Name:	ROHATGI, REKHA	
Address:	7879 SE 12TH CIRCLE	
City-St-Zip:	OCALA, FL 34480	
Title:	MGRM	( ) Delete
Name:	HELFIN, GARY	
Address:	1406 SE 48TH AVENUE	
City-St-Zip:	OCALA, FL 34471	
Title:	MGRM	( ) Delete
Name:	MITCHELL, LILLIAN A	
Address:	701 SE 48TH AVE	
City-St-Zip:	OCALA, FL 34471	
Title:	MGRM	( ) Delete
Name:	KATHIRIPILLAI, KETHERSWARAN	
Address:	3585 SW 24TH AVE RD	
City-St-Zip:	OCALA, FL 34474	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: WENDI L. RAMASWAMI MGRM 04/11/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date