## FILED Jun 07, 2006 8:00 am Secretary of State 06-07-2006 90069 009 \*\*\*\*50.00

## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Principal Place of Excisives  20 BRINGEL EXPORTE, SUITE O-305  SARRIAN, FL 33131  2. Principal Place of Business  3. Mailing Address  Satin, Apt 4, etc.  3. Mailing Address  Satin, Apt 4, etc.  3. Mailing Address  Satin, Apt 4, etc.  Cay 6 Statio  Cay 7 Statio  Cay 7 Statio  Cay 8 Statio  Cay 9 Country  7 Name and Address of New Registered Agent  TRANSGLOBAL CORPORATE ADMINISTRATION, LLC  Solver Address (P-0, Bock Number is Not Acceptable)  City  City  FL Zip Code  City  FL Zip Code  City  Cit	DOCUMENT # L05000047112  1. Entity Name SANSAR & ROCKY, LLC							<del>~</del> •	~ 4 1 4 1	<b>.</b>		
Salar, Apr. R. etc.  Salar, Apr. R. etc.  Salar, Apr. R. etc.  Salar, Apr. R. etc.  City & State  City & State  City & State  Country  Exp  Co	520 BRICKELL KEY DRIVE, SUITE 0-305			520 BRICKELL KEY DRIVE, SUITE 0-305			IN 1831 CAR SIM CAR C		1914 #1978 XIII R	<b>75 8</b> 1 70 18 <b>5</b> 1		
City & State  State City & State  State City & State  State City & State  State City & State  State City & State  State City & State  State City & State  TRANSGLOBAL CORPORATE ADMINISTRATION, LLC  State City & State	2. Principal Place of Business			3. Mailing Address								
Zip Country Zip S. Courtry S. Courtry S. Courtry S. Courtry S. Certificate of Status Desired   \$5.00 Additional Fee Regulated Agent TRANSGLOBAL CORPORATE ADMINISTRATION, LLC \$20 BRICKELL KEY DRIVE, SUITE O-305   Seven Address of New Registered Agent TRANSGLOBAL CORPORATE ADMINISTRATION, LLC \$20 BRICKELL KEY DRIVE, SUITE O-305   Seven Address (P.O. Box Number is NM Acceptable)    8. The above named entity submits this statement for the purpose of changing as registered office or registered agent, or both, in the State of Fords. I am familiar with, and accept the chigalitons of registered agent are all registers.   Both Registered agent of the purpose of changing as registered office or registered agent, or both, in the State of Fords. I am familiar with, and accept the chigalitons of registered agent.   Both Registered agent or both, in the State of Fords. I am familiar with, and accept the chigalitons of registered agent.   Both Registered agent or both, in the State of Fords. I am familiar with, and accept the chigalitons of registered agent.   Both Registered agent agent of registered agent.   Both Registered agent agent or both, in the State of Fords. I am familiar with, and accept the chigalitance agent agent of registered agent.   Both Registered Registe	Suite, Apt. #, etc.			Suite, Apt. #, etc.		02072000	6 Chg-LLC	CR2E0	83 (11/05)			
S. Hame and Address of Gurrent Registered Agent  7. Name and Address of New Registered Agent  8. Seek Address (P.O. Box Number is Not Acceptable)  8. The above named enthy subtrate this address to the purpose of changing to registered office or registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the state of Florids. I am familiar with, and accept the state of Florids States of Florids. I am familiar with, and accept the states of Florids States of Florids.  9. MAMAGENT STATES of Florids States of Florids States.  9. MAMAGENT STATES of Florids Stat	City & State											
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Sevent Address (P.O. Box Numbers is Not Acceptable)    City   FL   Tip Code		6. Name	and Address of Current	egistered Agent		Name	7. Name a	nd Address of New I	Registered A	lgent		
8. The above named entity submits this statement for the purpose of changing as registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signams, pool or philips rame at inglatered agent and six? inglateds.	520 BRICKELL KEY DRIVE, SUITE O-30					Street Address	(P.O. Box Nurr	nber is Not Acceptable	le)			
the obligations of registered agent.  SIGNATURE  FILING Fee is \$50.00 Due by May 1, 2006  SIRE ADDRESS CITY-51-7P  ITILE  MARK CHeck payable to:  Florids Department of State.  9. MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  10. ADDITIONS/CHANGES  SIRE ADDRESS CITY-51-7P  ITILE  MARK CHECK PAYABLE TO:  Florids Department of State.  9. MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  TITLE  MARK CHECK PAYABLE TO:  Florids Department of State.  9. MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  CHANGESS CITY-51-7P  ITILE  MARK CHECK PAYABLE TO:  MARK CHECK PAYABLE TO:  MARK CHECK PAYABLE TO:  MARK CHECK PAYABLE TO:  Florids Department of State.  10. ADDITIONS/CHANGES  CHECK PAYABLE TO:  MARK CHECK PAYABLE TO:  M						City		·	FL	Zip Cod	le le	
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