

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000073184

**FILED**  
**Apr 30, 2007**  
**Secretary of State**

**Entity Name:** RAJPARTH ACCOUNTING SERVICES, LLC

**Current Principal Place of Business:**

P.O. BOX 8810  
CORAL SPRINGS, FL 33075

**New Principal Place of Business:**

6191 W. ATLANTIC BLVD., SUITE # 8  
MARGATE, FL 33063

**Current Mailing Address:**

P.O. BOX 8810  
CORAL SPRINGS, FL 33075

**New Mailing Address:**

6191 W. ATLANTIC BLVD., SUITE # 8  
MATGATE, FL 33063

**FEI Number:** 20-3216208

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHAH, AMI  
4715 NW 115 TERRACE  
CORAL SPRINGS, FL 33076 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/MANAGERS:**

Title: PSTD ( ) Delete  
Name: SHAH, AMI B  
Address: 4715 NW 115 TERRACE  
City-St-Zip: CORAL SPRINGS, FL 33076

**ADDITIONS/CHANGES:**

Title: MRS (X) Change ( ) Addition  
Name: SHAH, AMI B  
Address: 4715 NW 115 TERRACE  
City-St-Zip: CORAL SPRINGS, FL 33076

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: AMI SHAH

MRS

04/30/2007

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