FILED 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) Secretary of State

DOCUMENT # L06000028719 1. Entity Name					05-01-2007 90320 023 ****50.00				
MALHAN INVESTMENTS, LLC									
Principal Place of Business		Mailing Address	Mailing Address						
7834 KINGSPÖINTE PARKWAY ORLANDO FL 32819		7834 KINGSPOINTE PARKWAY ORLANDO FL 32819				M 28/H 52/H 1781	4 41 04 1000 1500	ROLLE ROLLE	
2. Principal P	ace of Business - No P.O. Box #	3. Mailing Address	3. Mailing Address			7674 674 CTERN 11111 E31111 EE	M Bain gena sina	42191 (B110) (110) B	IETTEN CH IETE
Suite, Apt. #, otc.		Suite, Apt. #, etc.		1si	MOORE	CR2E083	(10/06)		
City & Stato		City & State	City & State		4. FEI Numb	0- 506	162 8	A	pplied For lot Applicable
Zip	Country	Zip	Country		5. Certificato	of Status Desired		\$5.00 Ad Fee Require	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New	beretzigef	Agent	
CINCH HAD				Name ,.					
823	6 FIRENZE BLVD ANDO FL 32836		\$	Street Address (P.O. Box Number is Not Acceptable)					
On				City			FL	Zip Coc	io
a The shave		e the oversee of changing its		·		th in the State of E		· <u> </u>	
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									
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department Due By May 1, 2007									
9.	MANAGING MEMB	ERS/MANAGERS	10.			ADOITIONS	/CHANGES		
TOTAL.	MGRM	☐ Delete	. TITLI NAME					Cliange	Addition
NAMI; Sireet address	Silvan, Bods			DORESS					
CITY - ST-7IP	ORLANDO FL 32836		CHY-ST-	ne					
mu:	MGRM	☐ Dolde	HUI.					☐ Change	Addition
MANT STREET ADDRESS	SINGH, HARI 8236 FIRENZE BLVD		NAMI STRIETAI	DONESS					1
CITY+ST-7IP	ORLANDO FL 32836		CITY-SI-	7P	_			_	
WIT.		☐ Delete	MILLE					Change	Addition
NAME Street address			NAME: Stree: A	DORESS					
CITY - S1- ZIP			CITY-S1-						į
TOTALE.		☐ Dolele	81114					☐ Change	Artdition
NAME: STREET ADDRESS			NAME SIRIETAI	nnerss					
CHY-ST-7IP			CITY-SI-						
une		☐ Delete	ROC					☐ Change	☐ Addition
NAME SIRFET ADDRESS			NAME SIREFTAI	DORESS					
CITY-SI-7P			CITY+ST-	7 1 P					
MIE		☐ Dotelo	UNI					Change	Addition
HAMI: STRLET ADDRESS			NAME STRLET AL	DORESS					
CHY-SI-7IP			CHY-SI-	/R*					
11. I horeby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. 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 each; 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.									
CICNIC	Hani				Ų	120/07	4078	63-16	9
SIGNAT	SIGNATURE AND TYPED OR PRINTED NAME	OF BIGNING MANAGING MEMBER, MA	NAGER. OF AU	HORIZED REPRESE	NIA TIVE	Dave		Ingerie Prone a	