

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000089970

Entity Name: LEWKHANNA, LLC

FILED
Jun 05, 2007
Secretary of State

Current Principal Place of Business:

511 MEDICAL PLAZA DRIVE, SUITE 101
LEESBURG, FL 34748

New Principal Place of Business:

Current Mailing Address:

511 MEDICAL PLAZA DRIVE, SUITE 101
LEESBURG, FL 34748

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LEW, JUNE K
511 MEDICAL PLAZA DRIVE, SUITE 101
LEESBURG, FL 34748 US

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: MGR () Delete
Name: LEW, JUNE
Address: 511 MEDICAL PLAZA #101
City-St-Zip: LEESBURG, FL 34748

Title: MGR () Delete
Name: LEW, DAVID
Address: 511 MEDICAL PLAZA DRIVE SUITE 101
City-St-Zip: LEESBURG, FL 34748

Title: MGR () Delete
Name: KHANNA, DINESH
Address: 816 HAWK LANDING
City-St-Zip: FRUITLAND PARK, FL 34731

Title: MGR () Delete
Name: KHANNA, SEEMA
Address: 816 HAWK LANDING
City-St-Zip: FRUITLAND PARK, FL 34731

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:

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: JUNE K LEW

MRS

06/05/2007

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