

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000097343

FILED  
May 01, 2007  
Secretary of State

Entity Name: LIA KHATRU, LLC

**Current Principal Place of Business:**

SHOPPES OF PALM VALLEY, PALM VALLEY RD  
SUITE 103  
PONTE VEDRA BEACH, FL 32082

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 163  
PONTE VEDRA BEACH, FL 32004

**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:**

LEE, GARY W  
463B OSCEOLA AVE  
JACKSONVILLE BEACH, FL 32250 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: MGRM ( ) Delete  
Name: LEE, LOIS A  
Address: 1326 PONTE VEDRA BLVD  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: MGRM ( ) Delete  
Name: LUCA, ASHLEY  
Address: 210 MARGARET STREET  
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: MGRM ( ) Delete  
Name: FIGUEROA, IVETTE  
Address: 1964 COLDFIELD DRIVE  
City-St-Zip: JACKSONVILLE, FL 32246

**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:

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: GARY W LEE

CPA

05/01/2007

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