## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L04000093660

1. Entity Name

INALSINGH & RAY BRADENTON PROPERTY GROUP, L.L.C.



FILED Jan 12, 2007 08:00 AM Secretary of State

Principal Place of Business

401 MANATEE AVENUE EAST BRADENTON, FL 34208

Mailing Address

401 MANATEE AVENUE EAST BRADENTON, FL 34208



01052007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-2065966 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HANAN, BENJAMIN R 240 S PINEAPPLE AVE, 10TH FLOOR SARASOTA, FL 34236

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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 Signature, typed or printed name of registered agent and title if applicable (WOTE. Registered Agent signature required when reinstating)			DATE	
Filing Fee is \$50.00 Due by May 1, 2007				
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR INALSINGH, C.H. AMAR 401 MANATEE AVE EAST BRADENTON, FL 34208		U00000584907 01/12/07-80057-002 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAY, PRANAB 401 MANATEE AVE EAST BRADENTON, FL 34208		01/12/01-8005/-DD2 50.0D	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	IN THIS SPACE	
TITLE NAME STREET ADDRESS				

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-9-07

9417484324

Date

Daytime Phone #