

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90038 021 \*\*\*150.00

**DOCUMENT # L00000003022**

1. Entity Name  
**EMANDI INVESTMENTS, LLC**



Principal Place of Business  
**5723 WESTSHORE DRIVE  
NEW PORT RICHEY FL 34652**

Mailing Address  
**5723 WESTSHORE DRIVE  
NEW PORT RICHEY FL 34652**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3636156**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NAPOLITANO, PETER A  
7617 LITTLE ROAD  
NEW PORT RICHEY FL 34654**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 *V. R. Rao*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*4-22-03*  
DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MD** ☒ Delete  
NAME **EHANDI, SANTAY K**  
STREET ADDRESS **5723 WESTSHORE DRIVE**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE **P** ☐ Change ☐ Addition  
NAME **EMANDI, V. RAO**  
STREET ADDRESS **5723 WESTSHORE DRIVE**  
CITY-ST-ZIP **NEW PORT RICHEY, FL 34652**

TITLE **VD** ☐ Delete  
NAME **EHANDI, VRAO**  
STREET ADDRESS **5723 WESTSHORE DRIVE**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE **S** ☐ Change ☐ Addition  
NAME **EMANDI, SANJAY K**  
STREET ADDRESS **5723 WESTSHORE DRIVE**  
CITY-ST-ZIP **NEW PORT RICHEY, FL 34652**

TITLE **D** ☐ Delete  
NAME **EHANDI, VARALAXMI**  
STREET ADDRESS **5723 WESTSHORE DRIVE**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE **VP** ☐ Change ☐ Addition  
NAME **EMANDI, VARALAXMI**  
STREET ADDRESS **5723 WESTSHORE DRIVE**  
CITY-ST-ZIP **NEW PORT RICHEY, FL 34652**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *V. R. Rao*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*4-22-03*

Date

Daytime Phone #

CR2E083 (10/02)