## FILED Jan 16, 2002 8:00 am

2002 UNIFO	PRM BUS	NESS	REPORT	L (ARH
DOCUMENT #	L000000	005109	)	

DOCUMENT # L0000005109  1. Entity Name					(	Secretary of State 01-16-2002 90247 031 ****50.00						
RANCH	HODJI, L.L.C.		•			1		01-16-200	i2 90247 0:	31 ****50.0	00	
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Principal Plac	ce of Business	Mai	iling Address									
• •	OLUMBUS DRIVE		O EAST COLUMBUS DR	m/E								
TAMPA FL 33			DEAST COLUMBUS DR	IIVE			1 18811811	<b></b>	700	546	<u> </u>	
2. Principal P	al Place of Business 3. Mailing Address			و ا								
Suite, Apt.	#, etc.	S	uite, Apt. #, etc.					DO NOT \	WRITE IN THI	S SPACE		
City & Stat	e	С	ity & State				4. FEI Numbe	59-364	5603	<del></del>	oplied For at Applicable	]
Zip	Country	Zi	ip	Coun	try	_	5. Certificate	of Status Desire	ed 🔲	\$5.00 Add Fee Require		
	6. Name and Address of Current	Registe	ered Agent				7. Name and	Address of No	w Registere	d Agent		1
	PEL OATIOUISMAND				Name 7	PATE	L, PI	2AKASI	4			
	TEL, SATISHKUMAR 10 EAST COLUMBUS DRIVE				Street Add	dress (P.0	D. Box Numbe	r is Not Accept	table)			1
TAMPA FL 33605		-		4530	GAS	T COLU	mbus l	mre	<u></u>		-	
	· 				City -	TAM	PA		F	Zip Cod	ه څ	1
8. The above	named entity submits this statement for	or the pu	rpose of changing its	register	ed office or re	egistered	agent, or both	n, in the State o	of Florida.			]
SIGNATURE	Pate Pry Signature, typed or printed name of registered agent	and title if	applicable. (NOTE	Registere	d Agent signature	e required wh	en reinstating)	Jar	7 - 11 -	٥,7		
-		·	FILE NO Make Check Pay	)W!!! yable t	FEE IS \$5	0.00: ent of \$		~~ ·		-		
9.	MANAGING MEMBI	ERS/MA	NAGERS	10.				ADDITIO	NS/CHANGE	ES		_ [
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11. I hereby o	certify that the information supplied with	this filir	ng does not qualify for	the exe	nption stated	d in Secti	on 119.07(3)(i	, Florida Statut	es. I further c	ertify that the in	formation	

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: POWAPURE REQUIRED : SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE