LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

FILED May 22, 2002 8:00 am Secretary of State

DOCUMENT # / ()()

05-22-2002 90270 050 ****50 00 GARANI, L.L.C, DO NOT WRITE IN THIS SPACE 967269 2. Principal Place of Business 319 BRENTWOOD DR BRENTWOOD DR Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For TAMPA FLORIDA FLORIDA 7AINPA 593667550 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of Current Registered Agent NILESH M. PATEL DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE TAMPA 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. SIGNATURE Signature, typed or printed na e of registered agent and title if applicable DATE FEE IS \$50.00 Make Check Payable to Department of State DUE BY MAY 1 9. MANAGING MEMBERS/MANAGERS MANAGING MEMBER SARJU R. PATEL TITLE TITLE 3 NAME NAME VILLA VIEW CIRCLE STREET ADDRESS 10549 CITY - ST - 7/P TAMPA 33647 CHY ST ZIP MEMBER TITLE THE S PATEL NAME ANITA NAME STREET ADDRESS 10549 VILLA MEW CIRCLE STREET ADDRES CITY-ST-7P TAMPA 33647 CIY SI M TITLE TITLE NAME MALE STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE MASAF MAK STREET ADDRESS STREET ANOMES CITY-ST-ZIP CITY ST-ZIP TITLE TILE NAME NAME STREET ADDRESS STREET ANDRESS CITY ST ZIP (31Y-ST-29) TITLE TILE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY: ST. 77P 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 earth; 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 AND TYPED OR PRINTED HAM IE OF SIGNING MANAGING NIEWBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

30/2002