2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 30, 2004 08:00 AM **DOCUMENT # L00000010445** Secretary of State SARANI L.L.C. Principal Place of Business Mailing Address 18305 WEYBURNE AVE **18305 WEYBURNE AVE** TAMPA, FL 33647 TAMPA, FL 33647 CR2E083 (10/03) 04052004 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3667550 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent PATEL, NILESH M DO NOT WRITE 115 WILLOW AVENUE **TAMPA, FL 33606** IN THIS SPACE 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 (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2004 9, MANAGING MEMBERS/MANAGERS TITLE MGRM NAME PATEL, ANITA S 18305 WEYBURNE AVE STREET ADDRESS TAMPA, FL 33647 DITY-ST-ZIP MGRM U00000145675 TITLE NAME PATEL, SARJU R 9/5/03/04-80035-018 50.00 18305 WEYBURNE AVE STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33647 TITLE STREET ADDRESS DO NOT WRITE CITY ST-ZIP IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZP MLE NAME STREET ADDRESS

11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). 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: OA JUNIOR OF PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

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