2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L0100000368

City-St-Zip:

Entity Name: BALAJI OF HARDEE COUNTY, L.L.C.

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 6205 HAMPTON POINT CIRCLE LAKELAND, FL 33813 **Current Mailing Address: New Mailing Address:** 6205 HAMPTON POINT CIRCLE LAKELAND, FL 33813 FEI Number: 59-3688449 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CHAUHAN, SANJIV K 6205 HAMPTON POINT CIRCLE LAKELAND, FL 33813 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Delete (X) Change () Addition CHAUHAN, SANJIV K CHAUHAN, SANJIV K MR. Name: Name: 6205 HAMPTON POINT CIRCLE Address: 6205 HAMPTON POINT CIRCLE Address: City-St-Zip: LAKELAND, FL 33813 City-St-Zip: LAKELAND, FL 33813 (X) Change () Addition Title: MGRM () Delete Title: MGRM Name: CHAUHAN, KIRAN K Name: CHAUHAN, KIRAN K MR. Address: 6205 HAMPTON POINT CIRCLE Address: 6205 HAMPTON POINT CIRCLE City-St-Zip: LAKELAND, FL 33813 City-St-Zip: LAKELAND, FL 33813 Title: () Delete Title: MGRM () Change (X) Addition CHAUHAN, UTTAM K MR. Name: Name: 4101 HWY 441 SOUTH Address: Address: City-St-Zip: City-St-Zip: OKEECHOBEE, FL 34974 US Title: () Delete Title: MGRM () Change (X) Addition Name: Name: CHAUHAN, MANISH K MR Address: Address: 4101 HWY 441 SOUTH

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

City-St-Zip:

OKEECHOBEE, FL 34974 US

SIGNATURE: SANJIV K. CHAUHAN MGMR 04/30/2009