2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2006
Secretary of State

DOCUMENT# L01000008231

Entity Name: SWARAJ INVESTMENTS, LLC.

Current Principal Place of Business:

5657 WEST SHORE DR.
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

5657 WEST SHORE DR.
NEW PORT RICHEY, FL 34652

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ESTIME, GILBERT
17454 SW 79 COURT
MIAMI, FL 33157 US

Name and Address of New Registered Agent:

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:

Title: MGRM ( ) Delete
Name: LAMBA, RAJENDER S
Address: 5657 WEST SHORE DR.
City-St-Zip: NEW PORT RICHEY, FL

Title: MGRM (X) Delete
Name: LAMBA, SWARAJ
Address: 5657 WEST SHORE DR.
City-St-Zip: NEW PORT RICHEY, FL

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: LAMBA, SWARAJ
Address: 5657 WEST SHORE DR.
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: SWARAJ LAMBA MGRM 04/20/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date