

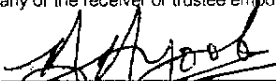


FILED
Sep 17, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000012986 1. Entity Name TRIVEDI ENTERPRISES, L.L.C.			
Principal Place of Business 12531 S ORANGE BLOSSOM TRAIL ORLANDO, FL 32837		Mailing Address 12531 S ORANGE BLOSSOM TRAIL ORLANDO, FL 32837	
DO NOT WRITE IN THIS SPACE			
		09132004 No Chg-LLC CR2E083 (10/03)	
		4. FEI Number 59-3735473	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent AYOOLA, AYOKUNLE A 12531 S ORANGE BLOSSOM TRAIL ORLANDO, FL 32837		DO NOT WRITE 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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$50.00 Due by September 8, 2004			
9. MANAGING MEMBERS/MANAGERS		400000172393 09/17/04-80008-008 55.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM AYOOLA, AYOKUNLE A 12531 S ORANGE BLOSSOM TRAIL ORLANDO, FL 32837	DO NOT WRITE IN THIS SPACE	
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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 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:  (DR. AYOKUNLE ANTHONY AYOOLA) 9/9/2004 407-851 7425 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>			