

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 13, 2008 8:00 am**  
**Secretary of State**

02-13-2008 90063 039 \*\*\*138.75

**60007812**



01302008 Chg-LLC CR2E083 (12/06)

4. FEI Number **59-3740555** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

## 6. Name and Address of Current Registered Agent

**PATEL, HARESH M**  
**1100 S. RIDGEWOOD AVE.**  
**DAYTONA BEACH, FL 32114**

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to**  
**Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE **MGRS** ☐ Delete  
NAME **PATEL, PRAVIN M**  
STREET ADDRESS **1100 S RIDGEWOOD AVE**  
CITY-ST-ZIP **DAYTONA BEACH, FL 32114**

TITLE **P** ☐ Delete  
NAME **PATEL, SANAT A**  
STREET ADDRESS **11008 S. RIDGEWOOD AVE**  
CITY-ST-ZIP **DAYTONA BEACH, FL 32114**

TITLE **VP** ☐ Delete  
NAME **PATEL, HARESH M**  
STREET ADDRESS **1100 S. RIDGEWOOD AVE**  
CITY-ST-ZIP **DAYTONA BEACH, FL 32114**

TITLE **S** ☐ Delete  
NAME **PATEL, MAHENDRA M**  
STREET ADDRESS **1100 S. RIDGEWOOD AVE**  
CITY-ST-ZIP **DAYTONA BEACH, FL 32114**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*2-11-08*

Date

*(386)*

*255-7000*

Daytime Phone #