2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 13, 2006 8:00 am Secretary of State 03-13-2006 90350 042 ****50.00

| DOCUMENT # L02000001157 1. Entity Name RAJ REALTY SERVICES, L.L.C. | | | | | | 03-13-2006 9 | 0350 042 | 30.0 |)O |
|--|--|--|-------------|--|-----------------|---|---------------------------|-----------------|-------------------------|
| Principal Place of Business C/O BLAKESBERG & COMPANY CPAS 951 SW 4TH AVE BOCA RATON, FL 33432-5803 | | Mailing Address C/O BLAKESBERG & COMPANY CPAS 951 SW 4TH AVE BOCA RATON, FL 33432-5803 | | | | | | | |
| 2. Principal Pl | ace of Business | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 03072006 | Chg-LLC | CR2E08 | 3 (11/05) | |
| City & State | | City & State | | | 4. FEI Numb | | | | plied For Applicable |
| Zip | Country | Zip | Coun | itry | 5. Certificate | of Status Desired | | 5.00 Addi | |
| | 6. Name and Address of Current | egistered Agent Name | | | 7. Name and | Address of New F | Registered A | gent | |
| BLAKESBERG, JON D | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| 951 SW 4T BOCA RAT | TH AVE FON, FL 33432-5803 | Street Ad | | Street Address (| P.O. Box Numb | per is Not Acceptable | e) | | |
| | | Ci | | City | | | FL | Zip Code | , |
| | named entity submits this statement fo | r the purpose of changing its | register | ed office or register | ed agent, or bo | oth, in the State of FI | | ımiliar with, a | 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 | | | | | | | | | |
| | ling Fee is \$50.00 ue by May 1, 2006 | | | | | | te check pa a Departme | - | , |
| 9. | MANAGING MEMBE | RS/MANAGERS | 10. | | | ADDITIONS | | | |
| * TITLE • NAME | MGRM RAJOO, DORAISAMY | ☐ Delete | TITLI | | | | | ☐ Change | Addition |
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| TITLE | BOCA RATON, FL 33432 CID | | | | - | | _ | ☐ Change | Addition |
| NAME | RAJOO, ANDREE PASCALE | | | · • | | | | _ ~ | _ |
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| CITY-ST-ZIP | <u> </u> | | | r-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 the 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 of the eceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. | | | | | | | | | |
| | | | | | | | | | |
| SIGNATURE: SIGNATURE SIGNATURE AND TYPED BE DATRITED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Date Deptite Proce # | | | | | | | | | |