## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L02000001157

1. Entity Name

Principal Place of Business

951 SW 4TH AVE

C/O BLAKESBERG & COMPANY CPAS

BOCA RATON, FL 33432-5803

RAJ REALTY SERVICES, L.L.C. ...

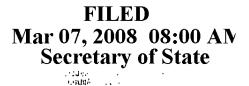


Mailing Address

C/O BLAKESBERG & COMPANY CPAS

951 SW 4TH AVE

BOCA RATON, FL 33432-5803





02272008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 02-0541159	•		Applied For Not Applicable
5. Certificate of Status Desired		\$5.00 Fee Reg	Additional

## 6. Name and Address of Current Registered Agent

BLAKESBERG, JON D 951 SW 4TH AVE BOCA RATON, FL 33432-5803

## DO NOT WRITE IN THIS SPACE

		117	ITHO OF ACL		
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 aignature required when reinstating)	DATE		
FILE After May	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75				
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAJOO, DORAISAMY 951 SW 4TH AVE BOCA RATON, FL 33432		U00000850368 03/24/08-80003-018 138,75		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAJOO, ANDREE PASCALE 951 SW 4TH AVE BOCA RATON, FL 33432		U3/24/U0~0UUU3~U10 130,13		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN '	THIS SPACE		
TITLE NAME STREET ADDRESS C11Y-ST-ZIP					
TITLE NAME STREET ADORESS	·				

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 duffer receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

03/05/08

561-684-9537

Daytime Phone #