

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 20, 2006 08:00 AM
Secretary of State**

DOCUMENT # L02000006955

1. Entity Name

KAMARA INTERNATIONAL L.L.C.



Principal Place of Business

2974 CYPRESS LAKES COURT
TARPON SPRINGS, FL 34688-7306

Mailing Address

2974 CYPRESS LAKES COURT
TARPON SPRINGS, FL 34688-7306



01162006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

02-0577295

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PATEL, NITESH
2974 CYPRESS LAKES COURT
TARPON SPRINGS, FL 34688-7306

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/17/06

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|------------------------------|
| TITLE | MGRM |
| NAME | PATEL, NITESH |
| STREET ADDRESS | 2974 CYPRESS LAKES COURT |
| CITY- ST- ZIP | TARPON SPRINGS, FL 346887306 |
| TITLE | MGRM |
| NAME | RODRIGUES, ANITA |
| STREET ADDRESS | 2974 CYPRESS LAKES COURT |
| CITY- ST- ZIP | TARPON SPRINGS, FL 346887306 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |

UD00000393435
01/25/06-80021-010 50.00

**DO NOT WRITE
IN THIS SPACE**

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

1/17/06

Date

(727) 459-3715

Daytime Phone #