


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90026 035 \*\*\*\*\*50.00

<b>DOCUMENT # L02000015073</b>	
<b>1. Entity Name</b> SUNNY-AAKASH, LLC	

<b>Principal Place of Business</b> 8395 SUNFLOWER DRIVE SPRING HILL, FL 34606	<b>Mailing Address</b> 8395 SUNFLOWER DRIVE SPRING HILL, FL 34606
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<b>2. Principal Place of Business</b> 7188 ROYAL OAKS DR Suite, Apt. #, etc.	<b>3. Mailing Address</b> 7188 ROYAL OAKS DR Suite, Apt. #, etc.
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04102005 Chg-LLC CR2E083 (10/03)

<b>City &amp; State</b> Spring Hill FL	<b>City &amp; State</b> Spring Hill FL
<b>Zip</b> 34607	<b>Zip</b> 34607
<b>Country</b>	<b>Country</b>

<b>4. FEI Number</b> 02-0623160	<b>Applied For</b> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>	
PANJABIKARODA, HARIKIRISHNALA L 8395 SUNFLOWER DRIVE SPRING HILL, FL 34606	
<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable) 7188 ROYAL OAKS DR	
City	Spring Hill FL Zip Code 34607

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00<sup>2</sup></b> <b>Due by May 1, 2005</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PANJABIKARODA, HARIKIRISHNALA L 8395 SUNFLOWER DR SPRING HILL, FL 34606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MGR 7188 ROYAL OAK DR SPRING HILL FL 34607 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP. MGR PANJABI, JAYPRAKASH 4418 CRESCENT RD SPRING HILL, FL 34606 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MBR, S GAUDHI, DINESH 8848 K-EATS DR HUDSON, FL 34667 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T, MBR AMIN, MAOHUSUDAN 1698 SW MOCKINGBIRD DR PORT ST LUCIE, FL 34986 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.

<b>SIGNATURE:</b> _____	4/11/05 727-869-1410
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Daytime Phone #</small>