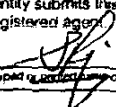
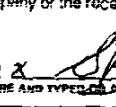


FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90068 039 ****50.00

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L02000019952			
1. Entity Name RAJA ENTERPRISES, L.L.C.			
Principal Place of Business 13746 S JOHN YOUNG PKWY STE C ORLANDO, FL 32837		Mailing Address 1585 SW 191 AVE. PEMBROKE PINES, FL 33029	
2. Principal Place of Business 13747 S. JOHN YOUNG PKWY Suite, Apt. #, etc. C		3. Mailing Address 5241 MARBELLA DRIVE Suite, Apt. #, etc.	
City & State ORLANDO FL		City & State ORLANDO FL	
Zip 32837		Country US	
4. FEI Number 11-3846927		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent RAJA, SHAHID 1585 SW 191 AVE. PEMBROKE PINES, FL 33029		7. Name and Address of New Registered Agent Name RAJA, SHAHARYAR Street Address (P.O. Box Number is Not Acceptable) 5241 MARBELLA DRIVE City ORLANDO FL Zip Code 32837	
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: 		DATE: 4/27/04	
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RAJA, SHAHID 1585 SW 191 AVE. PEMBROKE PINES, FL 33029 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RAJA, SHAHARYAR 5241 MARBELLA DRIVE ORLANDO, FL 32837 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 606, Florida Statutes.			
SIGNATURE: 		DATE: 4/27/04 407 251-1128	