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.

24060646

04272004 Chg-LLC CR2E083 (10/03)

Principal Place of Business	Mailing Address
13746 S JOHN YOUNG PKWY STE C ORLANDO, FL 32837	1585 SW 191 AVE. PEMBROKE PINES, FL 33029

2. Principal Place of Business	3. Mailing Address
13747 S. JOHN YOUNG PKWY	5241 MARBELLA DRIVE
Suite, Apt. #, etc.: C	Suite, Apt. #, etc.:
City & State: ORLANDO FL	City & State: ORLANDO FL
Zip: 32837 Country: US	Zip: 32837 Country: US

4. FEI Number: 11-3646927 ☐ 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 x [signature] DATE 4/27/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

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	MGRM RAJA, SHAHARYAR 5241 MARBELLA DRIVE ORLANDO, FL 32837	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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 608, Florida Statutes.

SIGNATURE: x [signature] x 4/27/04 407 251-1128
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

APR-27-2004 11:22 AM P.02