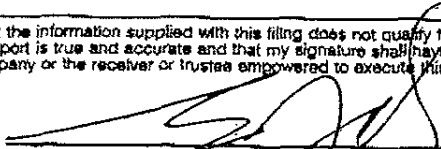


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000019952														
1. Entity Name RAJA ENTERPRISES, L.L.C.														
Principal Place of Business 13747 S. JOHN YOUNG PKWY C ORLANDO, FL 32837 US		Mailing Address 5241 MARBELLA DRIVE ORLANDO, FL 32837 US 32837												
DO NOT WRITE IN THIS SPACE														
8. Name and Address of Current Registered Agent RAJA, SHAHARYAR 5241 MARBELLA DRIVE ORLANDO, FL 32833		DO NOT WRITE IN THIS SPACE												
2. 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 _____														
Filing Fee is \$50.00 Due by May 1, 2006														
9. MANAGING MEMBERS/MANAGERS <table border="1"> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>MGRM RAJA, SHAHID 5241 MARBELLA DR ORLANDO, FL 32837</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>MGRM RAJA, SHAHARYAR 5241 MARBELLA DRIVE ORLANDO, FL 32837</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAJA, SHAHID 5241 MARBELLA DR ORLANDO, FL 32837	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAJA, SHAHARYAR 5241 MARBELLA DRIVE ORLANDO, FL 32837	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:  (SHAHID RAJA) 4/29/06 985-413-2792 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE														

04262006 No Chg-LLC

CR2E083 (1/05)

4. FEI Number
11-3646927

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

U000000558039
05/17/06-80078-00750.00

**DO NOT WRITE
IN THIS SPACE**