2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000020111

Entity Name: AMRIT, LLC

Name:

FILED Apr 29, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5029 ENGLEWOOD LANE 37317 HIGHRIDGE DRIVE ZEPHYRHILLS, FL 33541 US DADE CITY, FL 33525

Current Mailing Address: New Mailing Address:

5029 ENGLEWOOD LANE 37317 HIGHRIDGE DRIVE ZEPHYRHILLS, FL 33541 US DADE CITY, FL 33525 US

FEI Number: 03-0477013 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PATEL, BALDEV PATEL, BALDEV 37317 HIGHRIDGE DRIVE 5029 ENGLEWOOD LANE ZEPHYRHILLS, FL 33541 US DADE CITY, FL 33525

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.

SIGNATURE: BALDEV PATEL 04/29/2005

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

MGRM () Delete (X) Change () Addition Name:

PATEL, BALDEV PATEL, BALDEV Address: 5029 ENGLEWOOD LANE Address: 37317 HIGHRIDGE DRIVE City-St-Zip: ZEPHYRHILLS, FL 33541 US City-St-Zip: DADE CITY, FL 33525 US

Title: MGRM Title: MGRM (X) Change () Addition () Delete

Name: PATEL, RITA Name: PATEL, RITA B

Address: 5029 ENGLEWOOD LANE Address: 37317 HIGHRIDGE DRIVE City-St-Zip: ZEPHYRHILLS, FL 33541 US City-St-Zip: DADE CITY, FL 33525 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: BALDEV PATEL **MGRM** 04/29/2005