

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

07-08-2003 90017 006 ***450.00
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DOCUMENT # L02000022448

1. Entity Name

AMARNATH, LLC



FILED

03 DEC 12 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

749 NORTH GARLAND AVENUE
SUITE 101
ORLANDO FL 32801

Mailing Address

749 NORTH GARLAND AVENUE
SUITE 101
ORLANDO FL 32801

2. Principal Place of Business

602 E. Alexander
Suite, Apt. #, etc.

3. Mailing Address

4420 FM 1960 West
Suite 224

City & State

Plant City FL

City & State

Houston TX

4. FEI Number

88-0560150

Applied For

Not Applicable

Zip 33563

Country

Zip 77068

Country

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

KEATING, JOHN K
749 NORTH GARLAND AVENUE
SUITE 101
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME AKKENEN FAMILY LIMITED PARTNERSHIP
STREET ADDRESS 506 MIDWEST CLUB
CITY-ST-ZIP OAK BROOK IL 60523

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

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:

SIGNATURE REQUIRED

7/2/03

(281) 444-1585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)