

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

03 FEB 24 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000030675

1. Entity Name

ALVANI PARTNERS, LLC



Principal Place of Business

Mailing Address

819 MCGUIRE
TALLAHASSEE FL 32303

819 MCGUIRE
TALLAHASSEE FL 32303

2. Principal Place of Business

819 MCGUIRE AVE

3. Mailing Address

819 MCGUIRE AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TALLAHASSEE FL 32303

City & State

TALLAHASSEE FL 32303

Zip

32303

Country

LEON

Zip

32303

Country

LEON

4. FEI Number

03-0495028

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

ADHIA, HITESH P

1408 N. WESTSHORE BLVD., STE. 611
TAMPA FL 33607

7. Name and Address of New Registered Agent

Name, PATEL J.C.

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

819 MCGUIRE AVE

City TALLAHASSEE

FL

Zip Code 32303

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 Jashbhau C Patel

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/21/2003

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** PATEL J.C. ☐ Delete
NAME
STREET ADDRESS 819 MCGUIRE AVE MGRM.
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

JAN. 4 2003 8503867353

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

Date

Daytime Phone #

CR2E083 (10/02)

0003188