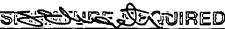
2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

9/22/2003-90102-050-\$50.00-\$50.00 DOCUMENT # L02000033675 FILED 1. Entity Name SRIRAM INVESTMENTS, LLC : 03 OCT 13 PM 2:58 Principal Place of Business Mailing Address SECRETARY OF STATE 5441 SW 30TH AVENUE 5441 SW 30TH AVENUE OCALA FL 34474 **OCALA FL 34474** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #. etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For *Ca* − Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ELIGETI: JAMUNA 7 555 Street Address (P.O. Box Number is Not Acceptable) 5441 SW 30TH AVENUE OCALA FL 34474 ** City Zip Code Fl 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered egent and title if applicable. DATE FILE NOW!!! FEE IS \$50.00 Š, Make Check Payable to Florida Department of State Due By September 24, 2003 MANAGING MEMBERS/MANAGERS 10 ADDITIONS/CHANGES 9. CR2E083 (4/03) TITLE Delete TITLE Change ☐ Addition ELIGETL"JAMUNA NAME NAME STREET ADDRESS STREET ADDRESS 5441 SW 30TH AVENUE CITY-ST-ZIP CITY-ST-ZIP **OCALA FL 34474** Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change ☐ Delete ☐ Addition TIFLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Addition Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY, ST. TIP CITY-ST-7IP Change ☐ Addition TITLE TITLE Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. Thereby 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:



LATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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