

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000003597

Entity Name: SARDA, LLC

FILED
Apr 21, 2004
Secretary of State

Current Principal Place of Business:

118 W. ORANGE ST.
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

31431 ST ANDREWS BLVD
SR 46 & CR 435
MT PLYMOUTH, FL 32776

Current Mailing Address:

118 W. ORANGE ST.
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

P.O. BOX 717
SORRENTO, FL 32776

FEI Number: 59-3765326

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

PATEL, NAKUL S MGR
P.O BOX 717
SORRENTO, FL 32776 US

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: NAKUL PATEL

04/21/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: PATEL, NAKUL
Address: 118 W. ORANGE ST.
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PATEL, NAKUL S
Address: 1088 BLOOMSBURY RUN
City-St-Zip: HEATHROW, FL 32776

Title: MGR () Change (X) Addition
Name: PATEL, NISHA N
Address: 1088 BLOOMSBURY RUN
City-St-Zip: HEATHROW, FL 32746

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: NAKUL PATEL

MGR

04/21/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date