2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Sep 20, 2004 8:00 am Secretary of State 09-20-2004 90096 004 ****55.00

DOCUMENT # L0300004353 1. Entity Name RAJPUTANA PROPERTY 1, L.C.							09-20-2004 90096 004 ****55.00				
Principal Place of Business 5110 RUE VENDOME LUTZ, FL 33558			Mailing Address 5110 RUE VENDOME LUTZ, FL 33558		, 	24085707					
* D: : ID	, , , , , , , , , , , , , , , , , , ,	1	A Martin of Adams	<u>.</u>							
2. Principal Pi	lace of Business		3. Mailing Address				 	01 00 0 -			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07072004	Chg-LLC	CR2E083					
City & State			City & State		4. FEI Numbe	56-2316	1278		olied For Applicable		
Zip	Countr	У	Zip	Count	try	5. Certificate	of Status Desired	№ \$	5.00 Addi ee Required		
	6. Name and Add	Iress of Current Ro	egistered Agent		Ness	7. Name and	Address of New R	egistered Ag	ent		
O'CONNOI	R, PATRICK M E	SQUIRE			Name						
O'CONNOR & ASSOCIATES 2240 BELLEAIR ROAD, SUITE 160 CLEARWATER, FL: 33764			Street Address (ss (P.O. Box Numbe	r is Not Acceptable)		.		
CLEARWA	NIER, FL 33/64				City				Zip Code	•	
<u> </u>								FL	i i		
	named entity submits ions of registered age		the purpose of changing its	registere	ed office or regi	istered agent, or bot	n, in the State of Flo	rida. I am tai	miliar with, a	and accept	
SIGNATURE .	Signature, typed or printed na	ame of registered agent an	d title if applicable. (NOTE	: Registere	d Agent signature req	quired when reinstating)		DATE			
Filing Fee is \$50.00 Due by September 8, 2004			·					Make check payable to Florida Department of State			
Fili Due b	ing Fee is \$50.0 by September 8,	2004				į,				•	
Fili Due b	y September 8,	2004 NAGING MEMBER	S/MANAGERS	10.				Departme		•	
9.	MANAGE (2004 NAGING MEMBER	S/MANAGERS	TITLE	1		Florida	Departmen CHANGES		Addition	
Due b	y September 8,	NAGING MEMBER	_	TITLE NAM	1		Florida	Departmen CHANGES	nt of State		
9. TITLE NAME	Manager Sunanda Sin	NAGING MEMBER	_	TITLE NAM STRE	te	- ⁻	Florida	Departmen CHANGES	nt of State		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Manager Sunanda Sin 5110 Ruc Ven	NAGING MEMBER	_	TITLE NAM STRE CITY TITLE	EET ADDRESS '-ST-ZIP		Florida	Departmei CHANGES	nt of State		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Manager Sunanda Sin 5110 Ruc Ven	NAGING MEMBER	☐ Delete	TITLE NAM STRE CITY TITLE	EET ADDRESS '-ST-ZIP E		Florida	Departmei CHANGES	Change	☐ Addition	
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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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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