


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90046 021 ****50.00

DOCUMENT # L03000005433					
1. Entity Name SHREE NATHJI OF VRAJ, L.L.C.					
Principal Place of Business 1675 RACHELS RIDGE LOOP OCOEE, FL 34761			Mailing Address 1675 RACHELS RIDGE LOOP OCOEE, FL 34761		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 36-4522149	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PATEL, BHARAT 1675 RACHELS RIDGE LOOP OCOEE, FL 34761			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 _____ 04/07/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATEL, BHARAT 1675 RACHELS RIDGE LOOP OCOEE, FL 34761		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Payesh Patel 1675 Rachels Ridge Loop Ocoee FL 34761	
Delete	<input type="checkbox"/>		Change	<input checked="" type="checkbox"/> Addition	
Delete	<input type="checkbox"/>		Change	<input type="checkbox"/> Addition	
Delete	<input type="checkbox"/>		Change	<input type="checkbox"/> Addition	
Delete	<input type="checkbox"/>		Change	<input type="checkbox"/> Addition	
Delete	<input type="checkbox"/>		Change	<input type="checkbox"/> Addition	
Delete	<input type="checkbox"/>		Change	<input type="checkbox"/> Addition	
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: _____ 04/05/05 407-468-0719 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					