

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000005433

Entity Name: SHREE NATHJI OF VRAJ, L.L.C.

FILED
May 01, 2008
Secretary of State

Current Principal Place of Business:

2403 SE 17TH ST #201
OCALA, FL 34471

New Principal Place of Business:

2403 SE 17TH STREET
SUITE 201
OCALA, FL 34471

Current Mailing Address:

2403 SE 17TH ST #201
OCALA, FL 34471

New Mailing Address:

2403 SE 17TH STREET
SUITE 201
OCALA, FL 34471

FEI Number: 36-4522149 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PATEL, JAYESH A
2403 SE 17TH ST #201
OCALA, FL 34471 US

Name and Address of New Registered Agent:

PATEL, JAYESH A
2403 SE 17TH STREET
SUITE 201
OCALA, FL 34471 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: JAYESH PATEL

05/01/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PATEL, BHARAT P
Address: 14 CLOVE RD
City-St-Zip: LITTLE FALLS, NJ 07424

Title: MGRM () Delete
Name: PATEL, JAYESH
Address: 1675 RACHELS RIDGE LOOP
City-St-Zip: OCOEE, FL 34761

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: BHARAT PATEL

MGRM

05/01/2008

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