OCT. 4.2004 11:53AM NO.406 P.1/1

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L03000009036

1. Entity Name

MANISHA HOLDINGS, LLC

FILED

2004 OCT -1 P 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9222 GLADES ROAD	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOCA RATON, FL	City & State
Zip: 33434 Country	Zip Country

4. FEI Number ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: BHARAT PATEL

Street Address (P.O. Box Number is Not Acceptable)

9222 GLADES ROAD

City: BOCA RATON FL Zip Code: 33434

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: _____ DATE: 10/06/04

Signature, typed or printed name of registered agent and title if applicable

500041636355
10/06/04--01020--001 **50.00
OCT. 04. 04

FEE: $ 50.00
Make Check Payable to Florida Department of State
DO NOT MAIL

9. MANAGING MEMBERS/MANAGERS	
TITLE	PRESIDENT
NAME	BHARAT PATEL
STREET ADDRESS	22311 KETTLE CREEK WAY
CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	V-PRESIDENT
NAME	MANISHA PATEL
STREET ADDRESS	22311 KETTLE CREEK WAY
CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E083B (12/02)

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: _____ Oct : 4 : 04

SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #