


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 23, 2005 8:00 am**  
**Secretary of State**

02-23-2005 90154 025 \*\*\*\*50.00

<b>DOCUMENT # L03000015818</b>	
1. Entity Name <b>J &amp; J BODALIA, L.L.C.</b>	

Principal Place of Business <b>2829 NE SILVER SPRINGS BLVD. OCALA, FL 34470</b>	Mailing Address <b>2829 NE SILVER SPRINGS BLVD. OCALA, FL 34470</b>
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2. Principal Place of Business <b>7490 b. Hwy 19</b>	3. Mailing Address <b>7490 b. Hwy 19</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01202005 Chg-LLC CR2E083 (10/03)

City & State <b>Fanning Springs FL</b>	City & State <b>Fanning Springs FL</b>
Zip <b>32693</b>	Country <b>Gilcrest</b>

4. FEI Number <b>47-0918765</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>BURT, THEODORE M</b>	
<b>1400 N. 1ST STREET</b>	
<b>TRENTON, FL 32693</b>	

7. Name and Address of New Registered Agent	
Name <b>Vivian Swanson</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>2522 SW 2nd Ave</b>	
City <b>Ocala</b>	FL Zip Code <b>34904</b>

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 <b>Bodalia BT</b>	DATE <b>FEB 18 05</b>
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<b>Filing Fee is \$50.00 Due by May 1, 2005</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR BODALIA, BHARAT KUMAR 8611 NW 168TH PLACE FANNING SPRINGS, FL 32693</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>7490 b. Hwy 19 Fanning Springs, FL 32693</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <b>Bodalia BT</b>	DATE <b>FEB 18 05</b>
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #