

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000016835

FILED
Aug 26, 2007
Secretary of State

Entity Name: ACHALA INVESTMENTS OF FLORIDA, LLC

Current Principal Place of Business:

401 N.W. 110 AVENUE
PLANTATION, FL 33324 US

New Principal Place of Business:

Current Mailing Address:

401 N.W. 110 AVENUE
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 55-0834399 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

Name and Address of New Registered Agent:

GUPTA, BHARAT K
401 NW 110TH AVENUE
PLANTATION, FL 33324 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GUPTA, ACHALA
Address: 401 N.W. 110 AVENUE
City-St-Zip: PLANTATION, FL 33324 US

Title: MGRM () Delete
Name: GUPTA, MOHIT
Address: 401 NW 110TH AVENUE
City-St-Zip: PLANTATION, FL 33324 US

Title: MGRM () Delete
Name: GUPTA, ANMOL
Address: 401 NW 110TH AVENUE
City-St-Zip: PLANTATION, FL 33324 US

ADDITIONS/CHANGES:

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

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: ACHALA GUPTA

DPST

08/26/2007

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