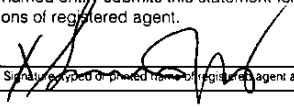
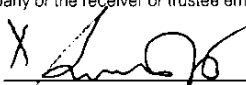


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90088 041 ****50.00

DOCUMENT # L03000017946					
1. Entity Name SONISH L.L.C.					
Principal Place of Business 12402 MEMORIAL HIGHWAY TAMPA, FL 33635-9518			Mailing Address 12402 MEMORIAL HIGHWAY TAMPA, FL 33635-9518		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 86-1087476	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PATEL, JAYANT 12402 MEMORIAL HIGHWAY TAMPA, FL 33635-9518				Name SUMITA J. PATEL Street Address (P.O. Box Number is Not Acceptable) 12402 MEMORIAL HIGHWAY City TAMPA FL Zip Code 33635	
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  SUMITA J. PATEL, MGRM, 1/17/07 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PATEL, JAYANT		NAME		
STREET ADDRESS	12402 MEMORIAL HIGHWAY		STREET ADDRESS		
CITY - ST - ZIP	TAMPA, FL 336359518		CITY - ST - ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PATEL, SONAL		NAME		
STREET ADDRESS	12402 MEMORIAL HIGHWAY		STREET ADDRESS		
CITY - ST - ZIP	TAMPA, FL 336359518		CITY - ST - ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PATEL, SUMITA		NAME		
STREET ADDRESS	12402 MEMORIAL HIGHWAY		STREET ADDRESS		
CITY - ST - ZIP	TAMPA, FL 336359518		CITY - ST - ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PATEL, ANISH		NAME		
STREET ADDRESS	12402 MEMORIAL HIGHWAY		STREET ADDRESS		
CITY - ST - ZIP	TAMPA, FL 336359518		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		SUMITA J. PATEL 1/17/07 813-925-3352 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>			