


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 19, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000017946</b> 1. Entity Name SONISH L.L.C.	
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Principal Place of Business 12402 MEMORIAL HIGHWAY TAMPA, FL 33635-9518	Mailing Address 12402 MEMORIAL HIGHWAY TAMPA, FL 33635-9518
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<b>DO NOT WRITE IN THIS SPACE</b>
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02142008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 86-1087476	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  PATEL, SUMITA J 12402 MEMORIAL HWY TAMPA, FL 33635
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATEL, JAYANT 12402 MEMORIAL HIGHWAY TAMPA, FL 336359518
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATEL, SONAL 12402 MEMORIAL HIGHWAY TAMPA, FL 336359518
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATEL, SUMITA 12402 MEMORIAL HIGHWAY TAMPA, FL 336359518
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATEL, ANISH 12402 MEMORIAL HIGHWAY TAMPA, FL 336359518
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000832803  
02/27/08-80075-002 138.75

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Sumita J. Patel* SUMITA J. PATEL 2/14/08 813-932-4381