

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90071 003 ****50.00

DOCUMENT # L03000026964

1. Entity Name
VIJAY PROPERTIES, LLC



Principal Place of Business
C/O 7000 W. PALMETTO PARK ROAD
SUITE 310
BOCA RATON, FL 33433 US

Mailing Address
C/O 7000 W. PALMETTO PARK ROAD
SUITE 310
BOCA RATON, FL 33433 US

24057448

2. Principal Place of Business
108 Kingsley Ave.
Suite, Apt. #, etc.

3. Mailing Address
108 Kingsley Ave.
Suite, Apt. #, etc.

City & State
Orange Park, FL
Zip 32073
Country Clay

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Orange Park, FL
Zip 32073
Country Clay

04192004 Chg-LLC CR2E083 (10/03)

4. FEI Number
Applied For
Applied For

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

6. Name and Address of Current Registered Agent

MORRIS, STUART R
C/O 7000 W. PALMETTO PARK ROAD
SUITE 310
BOCA RATON, FL 33433

7. Name and Address of New Registered Agent

Name
Padmanabhan, Jayalakshmi
Street Address (P.O. Box Number is Not Acceptable)
108 Kingsley Ave.
City
Orange Park FL Zip Code 32073

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 *Jayalakshmi Padmanabhan*

April 22, 2004

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASHOK PADMANABHAN, Director 108 KINGSLEY AVE ORANGE PARK FL 32073	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Jayalakshmi Padmanabhan 108 Kingsley Avenue Orange Park, FL 32073	<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 type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Jayalakshmi Padmanabhan* *April 22, 2004*

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

Date

Daytime Phone #