2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 24, 2006 8:00 am Secretary of State

04-24-2006 90060 012 ****50.00



DOCUMENT # L03000026964 1. Entity Name
VIJAY PROPERTIES, LLC 40058965 Principal Place of Business Mailing Address **108 KINGSLEY AVE 108 KINGSLEY AVE** ORANGE PARK, FL 32073 ORANGE PARK, FL 32073 lis US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 01242006 CR2E083 (11/05) Chg-LLC City & State City & State 4. FEI Number Applied For 20-1133873 Not Applicable Zip Country Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PADMANABHAM, JAYALAKSHMI Street Address (P.O. Box Number is Not Acceptable) 108 KINGSLEY AVE ORANGE PARK, FL 32073... City Zip Code FL 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 Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME PADMANABHAN, ASHOK NAME 108 KINGSLEY AVE STREET ADDRESS STREET ADDRESS ORANGE PARK, FL 32073 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE XX Change ☐ Addition Padmanabhan, Jayalakshmi PADMANABHUN; JAYALAKSHMI NAME NAME 108 Kingsley Ave. STREET ADDRESS 108 KINGSLEY AVENUE STREET ADDRESS Orange Park. FL 32073 ORANGE PARK, FL 32073 City-St-7IP CITY-ST-7/P ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE 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.