

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000029851

1. Entity Name
SHANTI NIVAS, LLC



Principal Place of Business
**3901 66TH STREET, NORTH
SUITE 201
ST. PETERSBURG, FL 33709**

Mailing Address
**3901 66TH STREET, NORTH
SUITE 201
ST. PETERSBURG, FL 33709**



01102006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1200703

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FOX, GREGORY A
28050 U.S. HIGHWAY 19, NORTH
SUITE 100
CLEARWATER, FL 33761**

**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 _____

**Filing Fee is \$50.00
Due by May 1, 2006**

1100000384919
01/17/06-80034-024 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SREENATH, BELUR S
3901 66TH STREET, NORTH, SUITE 201
ST. PETERSBURG, FL 33709**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
JACOB, POTHEM
3901 66TH STREET, NORTH, SUITE 201
ST. PETERSBURG, FL 33709**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
DESAI, CHETAN
3901 66TH STREET, NORTH, SUITE 201
ST. PETERSBURG, FL 33709**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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 #

1/10/06 (727)-546-5007