

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT


7/13

FILED
Jul 27, 2004 8:00 am
Secretary of State

07-13-2004 90056 040 ****50.00

DOCUMENT # L03000030931

1. Entity Name
VIPSHA, LLC



Principal Place of Business
**1401 SE 91ST PLACE
 OCALA, FL 34480 US**

Mailing Address
**1401 SE 91ST PLACE
 OCALA, FL 34480 US**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
1737A SE 28TH LOOP
 Suite, Apt. #, etc.

City & State
OCALA FL

Zip
34471

Country
MARION



07022004 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent
**R. WILLIAM FUTCH, P.A.
 610 SE 17TH STREET
 OCALA, FL 34471**

4. FEI Number
75-3433269

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHETTY, JAYAPRAKASH N 1401 SE 91ST PLACE OCALA, FL 34480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHETTY, MANGALA J 1401 SE 91ST PLACE OCALA, FL 34480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *M Shetty*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____