2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

CITY-ST-ZIP

SIGNATURE: :

SIGNATURE AND TYPED OR PRINTED NAME

Apr 13, 2005 8:00 am Secretary of State فَعْنَاسِينِ DOCUMENT # L03000030931 04-13-2005 90215 026 ****50.00 VIPSHA, LLC Principal Place of Business Mailing Address 1401 SE 91ST PLACE 1737 A SE 28TH LOOP OCALA, FL 34480 US OCALA, FL 34471 US 02212005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 75-3133269 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent R. WILLIAM FUTCH, P.A. DO NOT WRITE 610 SE 17TH STREET OCALA, FL 34471 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 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 May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE SHETTY, JAYAPRAKASH N NAME 1401 SE 91ST PLACE STREET ADDRESS CITY-ST-ZIP OCALA, FL 34480 TITI F SHETTY, MANGALA J NAME STREET ADDRESS 1401 SE 91ST PLACE OCALA, FL 34480 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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.

SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED

Daytime Phone #