


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 07, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000030931  
 1. Entity Name  
 VIPSHA, LLC



Principal Place of Business 1401 SE 91ST PLACE OCALA, FL 34480 US	Mailing Address 1737 A SE 28TH LOOP OCALA, FL 34471 US
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**DO NOT WRITE IN THIS SPACE**



01092006No Chg-LLC CR2E083 (11/05)

4. FEI Number 75-3133269	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

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

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


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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SHETTY, JAYAPRAKASH N 1401 SE 91ST PLACE OCALA, FL 34480
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SHETTY, MANGALA J 1401 SE 91ST PLACE OCALA, FL 34480
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 02/18/06-80058-009 50.00

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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:  2-2-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #