


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000031082 1. Entity Name AKSHAR ENTERPRISES, L.L.C.	
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Principal Place of Business 13426 SECOND AVENUE NE BRADENTON, FL 34212	Mailing Address 13426 SECOND AVENUE NE BRADENTON, FL 34212
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DO NOT WRITE IN THIS SPACE



01072006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0153205	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent PATEL, BHARAT 13426 SECOND AVENUE NE BRADENTON, FL 34212
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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**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATEL, BHARAT 13426 SECOND AVENUE NE BRADENTON, FL 34212
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATEL, RAJENDRA N 8213 ASHFIELD PLACE ZEPHYRHILLS, FL 33544
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>100000433495 03/02/06-00003-005 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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:  **1/7/06** **941-504-6776**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #