


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 07, 2007 8:00 am**  
**Secretary of State**

02-07-2007 90113 050 \*\*\*\*50.00

**DOCUMENT # L03000033141**

1. Entity Name  
**SAKHIL INVESTMENTS, LLC**



**60013751**



Principal Place of Business      Mailing Address  
 3405 NW 115 AVENUE      3405 NW 115 AVENUE  
 MIAMI, FL 33178      MIAMI, FL 33178

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
*3300 NW 112 Ave*      *3300 NW 112 Ave*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

01312007    Chg-LLC      CR2E083 (12/06)

City & State      City & State  
*Miami, FL*      *Miami FL*  
 Zip      Country      Zip      Country  
*33172*           *33172*           *FL*      *FL*

4. FEI Number      Applied For  
 20-0185767      Not Applicable

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

6. Name and Address of Current Registered Agent  
 KILNANI, SURESH  
 3405 NW 115 AVENUE  
 MIAMI, FL 33178

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
*3300 NW 112 Ave*  
 City      State      Zip Code  
*Miami*      **FL**      *33172*

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 *Suresh Khilnani*      DATE *02/01/07*

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, 2007**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KHLNANI, SURESH 3405 NW 115 AVENUE MIAMI, FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>3300 NW 112 Ave</i> <i>Miami, FL 33172</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAKHRANI, MANOHAR 3405 NW 115 AVENUE MIAMI, FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>3300 NW 112 Ave</i> <i>Miami, FL 33172</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Suresh Khilnani*      *Suresh Khilnani*      *02/01/07*      *305 5990074*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #