2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90129 034 ****50.00

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1. Entity Name
SAI DHUNI LLC

Principal Place of Business	Mailing Address
3600 E FLETCHER AVENUE 74 TAMPA, FL 33613	3600 E FLETCHER AVENUE 74 TAMPA, FL 33613

04272004 Chg-LLC CR2E063 (10/03)

2. Principal Place of Business		3. Mailing Address	
6771 46TH AVE N		16201 ENCLAVE VILLAGE DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: ST PETERSBURG, FL		City & State: TAMPA, FL	
Zip: 33709	Country	Zip: 33647	Country

4. FEI Number: 42-1604561 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SIRAGAVARAPU, RAGHAVENDRA R
3600 E FLETCHER AVENUE
74
TAMPA, FL 33613

7. Name and Address of New Registered Agent

Name: SIRAGAVARAPU, RAGHAVENDRA R
Street Address (P.O. Box Number is Not Acceptable): 16201 ENCLAVE VILLAGE DR
City: TAMPA, FL Zip Code: 33647

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 acc the obligations of registered agent.

SIGNATURE ____________ 4/29/04
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, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SIRAGAVARAPU, RAGHAVENDRA R 16201 ENCLAVE VILLAGE DR TAMPA, FL 33647	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Ad
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Ad

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 informati 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: