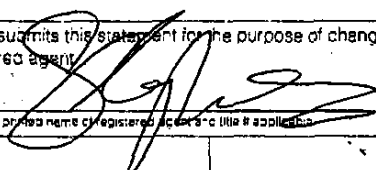


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90129 034 ****50.00

DOCUMENT # L03000035229 1. Entity Name SAI DHUNI LLC					
Principal Place of Business 3600 E FLETCHER AVENUE 74 TAMPA, FL 33613			Mailing Address 3600 E FLETCHER AVENUE 74 TAMPA, FL 33613		
2. Principal Place of Business 6771 46TH AVE N Suite, Apt. #, etc.		3. Mailing Address 16201 ENCLAVE VILLAGE DR Suite, Apt. #, etc.			
City & State ST PETERSBURG, FL Zip 33709		City & State TAMPA, FL Zip 33647		4. FEI Number 42-1604561 Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				04272004 Chg-LLC CR2E063 (10/03)	
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 acknowledge the obligations of registered agent.					
SIGNATURE  DATE 4/29/04 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, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete SIRAGAVARAPU, RAGHAVENDRA R 16201 ENCLAVE VILLAGE DR TAMPA, FL 33647		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add	

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 dated 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 603, Florida Statutes.

SIGNATURE: 