2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000039216

1. Entity Name
KAMIRI HOLDINGS LLC

Principal Place of Business	Mailing Address
P.O. BOX 16777 PLANTATION, FL 33318	P.O. BOX 16777 PLANTATION, FL 33318

20021460

01262006   Chg-LLC   CR2E083 (11/05)

2. Principal Place of Business	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country	Zip	Country

4. FEI Number: 83-0372637 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	**7. Name and Address of New Registered Agent**
BAJAJ, ARVINDER S 307 EGRET LANE WESTON, FL 33327	Name Street Address (P.O. Box Number is Not Acceptable) 3240 HUNTINGTON City WESTON FL 33332

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS   **10.** ADDITIONS / CHANGES

TITLE	MGR	☐ Delete	TITLE		☒ Change	☐ Addition
NAME	BAJAJ, ARVINDER S		NAME			
STREET ADDRESS	307 EGRET LANE		STREET ADDRESS	3240 HUNTINGTON		
CITY-ST-ZIP	WESTON, FL 33327		CITY-ST-ZIP	WESTON, FL 33332		

TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

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NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

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: _____ ARVINDER S. BAJAJ   03/23/05   3155920550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #