FILED
May 06, 2005 08:0(
Secretary of Stat

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000044245

1. Entity Name
LAKHANI, LLC

Principal Place of Business	Mailing Address
3501 W. VINE STREET SUITE 344 KISSIMMEE, FL 34741 US	3501 W. VINE STREET SUITE 344 KISSIMMEE, FL 34741 US

04282005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0387355
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SVEJDA, PAUL J
7061 GRAND NATIONAL DRIVE
SUITE 124
ORLANDO, FL 32819

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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, 2005

000000364213
05/06/05-80033-004 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	LAKHANI, DILIPKUMAR H
STREET ADDRESS	3501 W. VINE STREET, SUITE 344
CITY-ST-ZIP	KISSIMMEE, FL 34741
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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