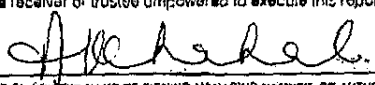


FILED
May 02, 2005 08:00 AM
Secretary of State

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000050120			
1. Entity Name NANAK PROPERTIES, LLC			
Principal Place of Business 561 FOXHUNT CIRCLE LONGWOOD, FL 32750	Mailing Address 561 FOXHUNT CIRCLE LONGWOOD, FL 32750		
DO NOT WRITE IN THIS SPACE			
		03112005 No Chg. LLC CR2E083 (10/03)	
		4. FET Number 20-0568736	Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent CHAHAL, AMARJEET 561 FOXHUNT CIRCLE LONGWOOD, FL 32750		DO NOT WRITE IN THIS SPACE	
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 (Printed Registered Agent signature required when filing) DATE			
Filing Fee is \$50.00 Due by May 1, 2005			
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE U00000358886 05/04/05-80125-005 50.00	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR CHAHAL, AMARJEET 561 FOXHUNT CIRCLE LONGWOOD, FL 32750		
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP			
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. 4-28-05			
SIGNATURE: 		4-28-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #			