


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000054214
 1. Entity Name
 BANWATT MANAGEMENT, LLC



Principal Place of Business 4319 RIVER BIRCH DRIVE SPRING HILL, FL 34607	Mailing Address 4319 RIVER BIRCH DRIVE SPRING HILL, FL 34607
--	--



03192005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0538370	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 BANWATT, RAMNIK
 4319 RIVER BIRCH DRIVE
 SPRING HILL, FL 34607

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAMNIK SINGH BANWATT LIVING TRUST - 2003 4319 RIVER BIRCH DRIVE SPRING HILL, FL 34607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIMRITA BANWATT LIVING TRUST - 2003 4319 RIVER BIRCH DRIVE SPRING HILL, FL 34607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ASHAN SINGH BANWATT IRREVOCABLE TRUST 4319 RIVER BIRCH DRIVE SPRING HILL, FL 34607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ESHA SIDHU BANWATT IRREVOCABLE TRUST 4319 RIVER BIRCH DRIVE SPRING HILL, FL 34607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BASANT SINGH SIDHU LIVING TRUST 4319 RIVER BIRCH DRIVE SPRING HILL, FL 34607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRIJINDERA SIDHU LIVING TRUST 4319 RIVER BIRCH DRIVE SPRING HILL, FL 34607

100000306231
 04/15/05-80007-002 50.00

DO NOT WRITE IN THIS SPACE

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: X  x 4/11/05
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #