

**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 ☐

\$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

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**

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
BRIJINDER SIDHU LIVING TRUST
4319 RIVER BIRCH DRIVE
SPRING HILL, FL 34607**

1000000306231
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

x 4/11/05