

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000002209

Entity Name: AASTHA INVESTMENT, LLC

FILED
Apr 28, 2008
Secretary of State

Current Principal Place of Business:

23977 U S HWY-19 N
CLEARWATER, FL 33765 US

New Principal Place of Business:

Current Mailing Address:

23977 U S HWY-19 N
CLEARWATER, FL 33765 US

New Mailing Address:

FEI Number: 20-0570688

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KHIMANI, GOOLSHAN
3952 MULLENHURST DRIVE
PALM HARBOR, FL 34685 US

Name and Address of New Registered Agent:

KHIMANI, GOOLSHAN
12103 BALLMORAL DRIVE
TAMPA, FL 33626 US

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.

SIGNATURE: KHIMANI GOOLSHAN

04/28/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KHIMANI, GOOLSHAN
Address: 3952 MULLENHURST DRIVE
City-St-Zip: PALM HARBOR, FL 34685 US

Title: MGR () Delete
Name: KACHHI, NIZAR
Address: 12116 LEXINGTON PARK DR.
City-St-Zip: TAMPA, FL 33626

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KHIMANI, GOOLSHAN
Address: 12103 BALLMORAL VIEW COURT
City-St-Zip: TAMPA, FL 336260 US

Title: MGR (X) Change () Addition
Name: KACHHI, NIZAR
Address: 12103 BALLMORAL VEIW COURT.
City-St-Zip: TAMPA, FL 33626

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KHIMANI GOOLSHAN

MGRM

04/28/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date