


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 08:00 AM
Secretary of State

000000000000 L04000002389 1. Entity Name P.K. GARG FAMILY, L.L.C.	
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Principal Place of Business 5553 HWY 90 PACE, FL 32571	Mailing Address 5553 HWY 90 PACE, FL 32571
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0418200600 00000000 00 000000000000

4. FEI Number 20-0583891	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 00000000 0000 000000

6. Name and Address of Current Registered Agent KUMAR GARG, PURUSHOTTAM 5553 HWY 90 PACE, FL 32571	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KUMAR GARG, PURUSHOTTAM 4534 AMBLEWOOD COURT PACE, FL 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARG, ANJU 4534 AMBLEWOOD COURT PACE, FL 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARG, SAUMYA 4534 AMBLEWOOD COURT PACE, FL 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARG, NUPUR 4534 AMBLEWOOD COURT PACE, FL 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARG, NEHA 4534 AMBLEWOOD COURT PACE, FL 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARG, PRIYA 4534 AMBLEWOOD COURT PACE, FL 32571

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05/11/06-80055-017 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: P. K. Garg Purushottam K Garg 4-24-06 850-995-8811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #