


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 13, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> L04000003231 1. Entity Name SAARUSH, LLC	
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Principal Place of Business

2708 W. WATERS AVE  
TAMPA, FL 33614

Mailing Address

2708 W. WATERS AVE  
TAMPA, FL 33614

**DO NOT WRITE IN THIS SPACE**



01102006No Chg-LLC

CR2E083 (11/05)

4. FEI Number

20-0625624

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

RELIANCE CONSULTING, LLC  
3105 W. WATERS AVE  
SUITE#105  
TAMPA, FL 33614

**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, 2006**

000000386033  
01/18/06-80043-024 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	PATEL, PRETTI
STREET ADDRESS	19004 AVE BAYONNES
CITY-ST-ZIP	LUTZ, FL 33558
TITLE	MGRM
NAME	PATEL, NEENA
STREET ADDRESS	19002 AVE BAYONNES
CITY-ST-ZIP	LUTZ, FL 33558
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

*NP Patel*

*1/9/06*

*813-932-6337*

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

Date

Daytime Phone #