

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000008078

Entity Name: SHIVAM, L.L.C.

FILED
Apr 25, 2005
Secretary of State

Current Principal Place of Business:

871 BLAIRMONT LANE
LAKE MARY, FL 32746

New Principal Place of Business:

Current Mailing Address:

871 BLAIRMONT LANE
LAKE MARY, FL 32746

New Mailing Address:

FEI Number: 02-0715304

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATEL, KETAN S
871 BLAIRMONT LANE
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: PATEL, KETAN S
Address: 871 BLAIRMONT LANE
City-St-Zip: LAKE MARY, FL 32746

Title: MGRM () Delete
Name: GANDHI, VIJAY
Address: 1763 AMARYLLIS CIRCLE
City-St-Zip: ORLANDO, FL 32825

Title: MGRM () Delete
Name: GANDHI, VASANT
Address: 17314 EMERALD CHASE DRIVE
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: GANDHI, VASANT
Address: 1763 AMARYLLIS CIRCLE
City-St-Zip: ORLANDO, FL 32825

Title: MGRM (X) Change () Addition
Name: GANDHI, VIJAY
Address: 17314 EMERALD CHASE DRIVE
City-St-Zip: TAMPA, FL 33647

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KETAN S. PATEL

MGRM

04/25/2005

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