


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90357 043 ****50.00

DOCUMENT # L04000014390 1. Entity Name MEHRA FAMILY LIMITED LIABILITY COMPANY					
Principal Place of Business 331 CATFISH CREEK ROAD LAKE PLACID, FL 33852				Mailing Address 331 CATFISH CREEK ROAD LAKE PLACID, FL 33852	
2. Principal Place of Business - No P.O. Box # 1739 Reuven Circle Drive Suite, Apt. #, etc.		3. Mailing Address 1739 Reuven Circle Drive Suite, Apt. #, etc.			
City & State Naples, FL		City & State Naples, FL		4. FEI Number 20-0766554	
Zip 34112		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MEHRA, RACHNA 331 CATFISH CREEK RD LAKE PLACID, FL 33852				7. Name and Address of New Registered Agent Name Rachna Mehra Street Address (P.O. Box Number is Not Acceptable) 1739 Reuven Circle Drive City Naples FL Zip Code 34112	
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 <u><i>Rachna Mehra</i></u> DATE <u>4/12/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEHRA, RACHNA 331 CATFISH CREEK ROAD LAKE PLACID, FL 33852	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Rachna Mehra 1739 Reuven Circle Drive Naples, FL 34112	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: <u><i>Rachna Mehra</i></u> DATE <u>4/12/07</u> DAYTIME PHONE # <u>239-417-2324</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					