2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000023983

1. Entity Name
BHAVAS LLC

Principal Place of Business
6601 SOUTH MAGNOLIA AVENUE
OCALA, FL 34476

Mailing Address
6601 SOUTH MAGNOLIA AVENUE
OCALA, FL 34476

04022008 No Chg-LLC   CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
20-1002811	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

JONES, BRIAN M
300 SOUTH ORANGE AVE., SUITE 1000
ORLANDO, FL 32801

**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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

UUUUUUSU6591
U5/U5/U8-8UUU4-U15 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	REDDY, NAGENDER A MGR
STREET ADDRESS	6601 SOUTH MAGNOLIA AVENUE
CITY-ST-ZIP	OCALA, FL 34476
TITLE	MGR
NAME	REDDY, KAVITHA K MGR
STREET ADDRESS	6601 SOUTH MAGNOLIA AVENUE
CITY-ST-ZIP	OCALA, FL 34476
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: _____   4·15·08   352·239·2535

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #