2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE

Feb 01, 2007 08:00 AM DOCUMENT # L04000026685 **Secretary of State** 1. Entity Name NARENDRA DHARIA MANAGEMENT, L.L.C. Principal Place of Business Mailing Address 6049 LADY BET DRIVE 6049 LADY BET DRIVE ORLANDO FL 32819 ORLANDO FL 32819 2. Principal Place of Business - No P.O Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt #, etc. 1st MOORE CR2E083 (10/06) City & State City & State Applied For 4. FEI Number 20-2329738 Not Applicable Country Zip Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DHARIA, NARENDRA Street Address (P.O. Box Number is Not Acceptable) 6049 LADY BET DRIVE ORLANDO FL 32819 City Zip Code 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. U00000617137 02/07/07-80063-001 A. .. 1:::. □ Change 55.00 HILE 11713 **MGRM** ☐ Defete NAM NAM DHARIA, NARENDRA SIRECT ADDRESS STREET ADDRESS 6049 LADY BET DRIVE CRY SLZIP CITY ST 7P ORLANDO FL 32819 ☐ Delete HHE ☐ Change Agree 1 m NAMI NAME SIDUL LADDRESS SHILL ADDRESS CITY ST 78P CHY SI AF ☐ A.: ··· 11111 ☐ Defcte HH Chance NAME STREET ADDRESS STREET ADDRESS Offy St 785 CHY SI ZIP □ A.: HHE Change 11111 Delete MAMI NAME STREET ADOMSS STREET ADDRESS GHY SLAP CITY-SE ZIE ☐ Acc Change ☐ Delete m NAM NAM SHIELD ADDRESS STRUCTAODOESS CITY ST ZE CHY ST ZIP ☐ Change M Adi ☐ Delete 11715 ШЦ NAMI NAM STREET ADDRESS SIRLE LADDRESS CHY-ST-ZIP CHY ST ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

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