

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000029594

Entity Name: SHREE HARI KRISHNA LLC

FILED
Jan 24, 2007
Secretary of State

Current Principal Place of Business:

5527 NORTH COVE
LAKELAND, FL 33809

New Principal Place of Business:

Current Mailing Address:

5527 NORTH COVE
LAKELAND, FL 33809

New Mailing Address:

FEI Number: 13-4278719

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATEL, DIPIN D MR
5527 NORTH COVE
LAKELAND, FL 33809 US

Name and Address of New Registered Agent:

PATEL, SNEHLATA C MGRM
5527 NORTH COVE
LAKELAND, FL 33809 US

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: SNEHALATA C. PATEL

01/24/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PATEL, SNEHLATA C
Address: 5527 NORTH COVE
City-St-Zip: LAKELAND, FL 33809 US

Title: MGRM () Delete
Name: PATEL, AMISH C
Address: 5527 NORTH COVE
City-St-Zip: LAKELAND, FL 33809 US

Title: MGRM () Delete
Name: PATEL, ARPEN C
Address: 5527 NORTH COVE
City-St-Zip: LAKELAND, FL 33809 US

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: SNEHLATA C. PATEL

MGRM

01/24/2007

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