


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90015 013 ****50.00

DOCUMENT # L04000031248	
1. Entity Name TAJ GRANITES, LLC	

Principal Place of Business 10220 SW 20TH STREET DAVIE, FL 33324	Mailing Address 10220 SW 20TH STREET DAVIE, FL 33324
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20029086



2. Principal Place of Business 3949 E. Hibiscus St.	3. Mailing Address 3949 E. Hibiscus St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Weston, FL	City & State Weston, FL
Zip 33332	Country
Zip 33332	Country

01282005 Chg-LLC CR2E083 (10/03)

4. FEI Number
20-1081273

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

6. Name and Address of Current Registered Agent

SAMUEL, SAJAN STEWARD
10220 SW 20TH STREET
DAVIE, FL 33324

7. Name and Address of New Registered Agent

Name Samuel, Sajan Steward
Street Address (P.O. Box Number is Not Acceptable) 3949 E. Hibiscus St.
City Weston **FL** **Zip Code** 33332

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 Sajan Samuel (NOTE: Registered Agent signature required when reinstating) **DATE**

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SAMUEL, SAJAN STEWARD 10220 SW 20TH STREET DAVIE, FL 33324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Samuel, Sajan Steward 3949 E. Hibiscus St. Weston, FL 33332 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SAMUEL, CHERIAN 10220 SW 20TH STREET DAVIE, FL 33324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Samuel, Cherian 3949 E. Hibiscus St. Weston, FL 33332 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SAMUEL, SHEEBA 10220 SW 20TH STREET DAVIE, FL 33324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Samuel, Sheeba 3949 E. Hibiscus St. Weston, FL 33332 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAMUEL, SHIRLEY 10220 SW 20TH STREET DAVIE, FL 33324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Samuel, Shirley 3949 E. Hibiscus St. Weston, FL 33332 <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"/> Delete	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 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 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: [Signature] **4/6/05** **954.385.3777**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE **Date** **Daytime Phone #**