2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2006
Secretary of State

DOCUMENT# L04000037458

Entity Name: AVIJAR, L.L.C.

Current Principal Place of Business:

P.O. BOX 2087
TARPON SPRINGS, FL 34688

New Principal Place of Business:

P.O. BOX 2089
TARPON SPRINGS, FL 34688

Current Mailing Address:

P.O. BOX 2087
TARPON SPRINGS, FL 34688

New Mailing Address:

P.O. BOX 2089
TARPON SPRINGS, FL 34688

FEI Number: 45-0539141 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GASSMAN, ALAN S ESQ
1245 COURT STREET, SUITE 102
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: CEO ( ) Delete
Name: GOYAL, MUNA
Address: 14100 FIVAY RD #120
City-St-Zip: HUDSON, FL 34667

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: CEO (X) Change ( ) Addition
Name: GOYAL, RAJIVA
Address: PO BOX 2089
City-St-Zip: TARPON SPRINGS, FL 34688

Title: MGRM ( ) Change (X) Addition
Name: GOYAL, MUNA C
Address: PO BOX 2089
City-St-Zip: TARPON SPRINGS, FL 34688

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: RAJIVA GOYAL CEO 04/16/2006

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