

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000046718

FILED  
Mar 31, 2007  
Secretary of State

Entity Name: SURBAHAAR OF MELBOURNE, LLC

**Current Principal Place of Business:**

203 LANSING ISLAND DR  
INDIAN HARBOUR BEACH, FL 32937

**New Principal Place of Business:**

**Current Mailing Address:**

203 LANSING ISLAND DR  
INDIAN HARBOUR BEACH, FL 32937

**New Mailing Address:**

FEI Number: 61-1472522

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SONI, MAHESH  
203 LANSING ISLAND DR  
INDIAN HARBOUR BEACH, FL 32937 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: MGRM ( ) Delete  
Name: SONI, MAHESH  
Address: 203 LANSING ISLAND DR  
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: MGR ( ) Delete  
Name: GHAYAL, SEJAL  
Address: 393 FLANDER RD  
City-St-Zip: INDIALANTIC, FL 32903

Title: MGR ( ) Delete  
Name: PANDIT, KUMKUM  
Address: 3433 MAZER DR  
City-St-Zip: MELBOURNE, FL 32901

Title: MGR ( ) Delete  
Name: PATEL, JITENDRA  
Address: 29 W ALMA DR  
City-St-Zip: MELBOURNE, FL 32935

Title: MGR (X) Delete  
Name: PATEL, HIMANSHU  
Address: 28 W ALMA DR  
City-St-Zip: MELBOURNE, FL 32935

Title: MGR (X) Delete  
Name: PATEL, SNEHAL  
Address: 2716 MADRIGAL LANE  
City-St-Zip: MELBOURNE, FL 32904

**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:

Title: MGR (X) Change ( ) Addition  
Name: JOSHI, PIYUSH  
Address: 2065 HWA A1A #1701  
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

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: MAHESH M.SONI

MGRM

03/31/2007

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