


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90097 038 \*\*\*\*55.00

<b>DOCUMENT # L04000048480</b> 1. Entity Name <b>SRIKARI BHAKTA LLC</b>					
Principal Place of Business <b>932 SUNSET ROAD</b> <b>WEST PALM BEACH, FL 33401 US</b>			Mailing Address <b>932 SUNSET ROAD</b> <b>WEST PALM BEACH, FL 33401 US</b>		
2. Principal Place of Business <b>1095 N. Military Tr.</b>		3. Mailing Address  			
Suite, Apt. #, etc.  		Suite, Apt. #, etc.  			
City & State <b>West Palm Beach, FL</b>		City & State  		4. FEI Number <b>20-1337818</b>	
Zip <b>33409</b>		Country <b>US</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DEBAY, KERRY E</b> <b>932 SUNSET ROAD</b> <b>WEST PALM BEACH, FL 33401</b>			7. Name and Address of New Registered Agent Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2005</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DEBAY, KERRY E 932 SUNSET ROAD WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MINUTO-TROMBETTA, DELORES 17645 71ST LANE NORTH WEST PALM BEACH, FL 33471	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete			
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: <u>Kerry DeBay MGRM</u> 4/29/05 561-818-1987		