



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90423 006 ****50.00

DOCUMENT # L04000052163					
1. Entity Name INDIKA L.L.C.					
Principal Place of Business 2615 NE 206 LANE NORTH MIAMI, FL 33180			Mailing Address 2615 NE 206 LANE NORTH MIAMI, FL 33180		
2. Principal Place of Business 1600 N.E. 205th Terrace Suite, Apt. #, etc.		3. Mailing Address 1600 N.E. 205th Terrace Suite, Apt. #, etc.		20026395 	
City & State North Miami Beach, FL		City & State North Miami Beach, FL		4. FEI Number 83-0401573	
Zip 33179		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SHPOVALOV & BORETH, P.A. 46300 NE 19TH AVE, STE 250 NORTH MIAMI BEACH, FL 33162				7. Name and Address of New Registered Agent Name Jonathan Abenhaim Street Address (P.O. Box Number is Not Acceptable) 1600 N.E. 205th Terrace City North Miami Beach FL Zip Code 33179	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 03/29/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
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 MGRM <input type="checkbox"/> Delete NAME ABENHAIM, JONATHAN STREET ADDRESS 2615 NE 206 LANE CITY-ST-ZIP NORTH MIAMI, FL 33180				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME Jonathan Abenhaim STREET ADDRESS 1600 N.E. 205th Terrace CITY-ST-ZIP North Miami Beach, FL 33179	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				DATE 03/29/05 Daytime Phone # 305-7704488	