

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90272 030 ****50.00

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| DOCUMENT # L04000052163 | | | | | |
| 1. Entity Name INDIKA L.L.C. | | | | | |
| Principal Place of Business 1600 NORTHEAST 205TH TERRACE NORTH MIAMI BEACH, FL 33179 US | | | Mailing Address 1600 NORTHEAST 205TH TERRACE NORTH MIAMI BEACH, FL 33179 US | | |
| 2. Principal Place of Business 20855 N.E. 16th Avenue Suite, Apt. #, etc. Unit C16 City & State North Miami Beach, FL Zip Country 33179 | | 3. Mailing Address 20855 N.E. 16th Avenue Suite, Apt. #, etc. Unit C16 City & State North Miami Beach, FL Zip Country 33179 | | | |
| 03052006 Chg-LLC CR2E083 (11/05) | | | | 4. FEI Number 83-0401573 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent ABENHAIM, JONATHAN 1600 NORTHEAST 205TH TERRACE NORTH MIAMI BEACH, FL 33179 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 20855 N.E. 16th Avenue Unit C16 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 DATE <u>3/10/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | Make check payable to: Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM ABENHAIM, JONATHAN 1600 NORTHEAST 205TH TERRACE NORTH MIAMI BEACH, FL 33179 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM LQD ADRENALINA LLC 20855 N.E. 16TH AVENUE, UNIT C16 NORTH MIAMI BEACH, FL 33179 | <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 |
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| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: | | | Date <u>3/10/06</u> Daytime Phone # <u>305-770-4488</u> | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |