

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 01, 2005 8:00 am
Secretary of State

08-01-2005 90093 010 ****50.00

DOCUMENT # L04000056900

1. Entity Name
LAXMI INVESTMENTS, L.L.C.



Principal Place of Business Mailing Address
9373 CORTEZ BLVD. 9373 CORTEZ BLVD.
WEEKIWACHEE, FL 34613 WEEKIWACHEE, FL 34613
13301 N. CLEVELAND AVE. ← SAME
N. FT. MYERS FL 33903

20065891

2. Principal Place of Business 3. Mailing Address
13301 N. CLEVELAND AVE.

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **NORTH - FT. MYERS FL 33903**

Zip **33903** Country **USA** Zip Country

07272005 Chg-LLC CR2E083 (10/03)

4. FEI Number **20-1441282-** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

AMIN, JYOTI M
9373 CORTEZ BLVD. **13301 N. CLEVELAND AVE**
WEEKIWACHEE, FL 34613 **N. FT. MYERS**
FL 33903

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 **[Signature]** (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00
Due by September 7, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

| | | |
|----------------|-----------------------|---------------------------------|
| TITLE | MGRM | <input type="checkbox"/> Delete |
| NAME | AMIN, JYOTI M | |
| STREET ADDRESS | 9373 CORTEZ BLVD. | |
| CITY-ST-ZIP | WEEKIWACHEE, FL 34613 | |
| TITLE | MGRM | <input type="checkbox"/> Delete |
| NAME | AMIN, MADHUSUDAN S | |
| STREET ADDRESS | 9373 CORTEZ BLVD. | |
| CITY-ST-ZIP | WEEKIWACHEE, FL 34613 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

10. ADDITIONS/CHANGES

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: **[Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

AMIN JYOTI M. 7/29/05