

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90033 003 \*\*\*\*50.00

<b>DOCUMENT # L04000057018</b>					
<b>1. Entity Name</b> INDIAN FURNITURE & CARPENTRY LLC					
<b>Principal Place of Business</b> 5306 OLD WINTER GARDEN RD. SUITE # 3 ORLANDO, FL 32835			<b>Mailing Address</b> 130 CONDOR RD. ORLANDO, FL 32835		
<b>2. Principal Place of Business - No P.O. Box #</b> 2324 ANASTOSTIA Dr.		<b>3. Mailing Address</b> 2324 ANASTOSTIA Dr.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Ocoee, FL		<b>City &amp; State</b> Ocoee, FL		<b>4. FEI Number</b> 20-1429310	
<b>Zip</b> 34761		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  SINGH, SURINDER 103 CONDOR ORLANDO, FL FL		<b>7. Name and Address of New Registered Agent</b> Name <u>SURINDER SINGH</u> Street Address (P.O. Box Number is Not Acceptable) <u>2324 ANASTOSTIA Dr.</u> City <u>Ocoee</u> <b>FL</b> <b>Zip Code</b> <u>34761</u>			
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> MGR <b>NAME</b> SINGH, SURINDER <b>STREET ADDRESS</b> 103 CONDOR <b>CITY-ST-ZIP</b> ORLANDO, FL 32835	<input type="checkbox"/> Delete		<b>TITLE</b> MGR <b>NAME</b> SURINDER SINGH <b>STREET ADDRESS</b> 2324 ANASTOSTIA Dr. <b>CITY-ST-ZIP</b> Ocoee, FL 34761	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b> <u>Surinder Singh</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date <u>4/16/07</u> Daytime Phone # <u>407-376-0178</u>		