


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90027 033 ****50.00

DOCUMENT # L04000062290 1. Entity Name JAY & DEVANG, L.L.C.			
Principal Place of Business 10231 EMERALD WOODS AVE. ORLANDO, FL 32836		Mailing Address 10231 EMERALD WOODS AVE. ORLANDO, FL 32836	
2. Principal Place of Business 2755 57th TERRACE SOUTH Suite, Apt. #, etc. 222		3. Mailing Address 2755 57th TERRACE SOUTH Suite, Apt. #, etc. 222	
City & State ST PETERSBURG, FL		City & State ST. PETERSBURG, FL	
Zip 33712		Zip 33712	
Country USA		Country USA	
4. FEI Number 20-1535704		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GAGNEJA, RAMESH 10231 EMERALD WOODS AVE. ORLANDO, FL 32836		7. Name and Address of New Registered Agent Name DEVANG PATEL Street Address (P.O. Box Number is Not Acceptable) 2755 57th TERRACE SOUTH, Apt 222 City ST. PETERSBURG FL Zip Code 33712	
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 <u><i>Devang Patel</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u><i>03/02/05</i></u>			
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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATEL, ROHIT 524 CARMINE AVE. SOUTH PLAINFIELD, NJ 07080	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATEL, DEVANG 10231 EMERALD WOODS AVE. ORLANDO, FL 32836	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 checked="" 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
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
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
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><i>Devang Patel</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		<u><i>03/02/05</i></u> Date Daytime Phone #	

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