

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03-08-2005 90027 034 ****50.00

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DOCUMENT # L04000062306 1. Entity Name SHEELA, 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 Terr. S. Suite, Apt. #, etc. Apt. # 222 City & State St Petersburg, FL Zip 33712 Country USA		3. Mailing Address 2755 57th Terr. S. Suite, Apt. #, etc. Apt. # 222 City & State St Petersburg FL Zip 33712 Country USA			
4. FEI Number 201535147				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				03022005 Chg-LLC CR2E083 (10/03)	
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 <u>DEVANG PATEL</u> Street Address (P.O. Box Number is Not Acceptable) 2755 57th TERRACE SOUTH APT 222 City <u>ST. PETERSBURG</u> <u>FL</u> Zip Code <u>33712</u>		
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>[Signature]</u> DATE <u>3/2/05</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, 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 AVENUE SOUTH PLAINFIELD, NJ 07080	<input checked="" 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	MGRM PATEL, DEVANG 10231 EMERALD WOODS AVE. ORLANDO, FL 32836	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SHEELA PATEL 2755 57th Terr. S., #222 St. Petersburg, FL 33712	<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	MGRM SHEELA PATEL 2755 57th Terr. S., #222 St. Petersburg, FL 33712	<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 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>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <u>3/2/05</u> Daytime Phone #	