2006 LIMITED LIABILITY COMPANY

- FILED Apr 17, 2006 08:00 AM of State

Applied For Not Applicable

ANNUAL REPORT	Secretary of Stat		
DOCUMENT # L0400065510 1. Entity Name LAKE VICTORIA INVESTMENT GROUP, LLC			·
Principal Place of Business Mailing Address 725 NORTH MAGNOLIA AVENUE 725 NORTH MAGNOLIA AVENUE ORLANDO, FL 32803 ORLANDO, FL 32803			
DO NOT WRITE IN THIS SPAC	CE /	03162006 No Chg-LLC 4. FEI Number 20-3296303 5. Certificate of Status Desired	CR2E083 (11/05) Applied F Not Appli \$5.00 Additional Fee Regulted
6. Name and Address of Current Registered Agent STONE, STEPHEN M 725 NORTH MAGNOLIA AVENUE ORLANDO, FL 32803		DO NOT WE	RITE
The above named entity submits this statement for the purpose of changing its registered the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered spent and title if applicable (NOTE Registered	d office or register	<u> </u>	a. I am familiar with, and ac

đ.	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.	
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Filing Fee is \$50.00 Due by May 1, 2006

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ĺ	9.	MANAGING MEMBERS/MANAGERS	
	TITLE HAWE STREET AUDRESS CITY-ST-ZIP	MGRM JAFFER, SADIQUE 790 SUMMA AVENUE WESTBURY, NY 11590	·
	CITLE NAME STREET ADDRESS GITY-ST-ZIP	MGRM LUTHRA, VIJAY 27 NORTH SUMMERLIN AVENUE ORLANDO, FL 32801	
	TITLE NAME STREET AUDRESS CITY-ST-ZIP		DO NOT WRITE
	ntle Name Street Address City-St-Zip		IN THIS SPACE
	TITLE NAME STREET ACCORESS CITY-ST-ZIP		
	NAME STREET ADDRESS CITY-ST-ZIP		<u></u>
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I hereby certify that the information supplied with this filing does not quality 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 (tability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NOTIFED OR PRINTED WAME OF SIGNING MAKAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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