


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 09, 2006 08:00 AM
Secretary of State**

DOCUMENT # L04000068854		
1. Entity Name MOTI HOLDINGS LLC		
Principal Place of Business 2170 SW 37TH ST. OCALA, FL 34474	Mailing Address 2170 SW 37TH ST. OCALA, FL 34474	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent		
MITRA, PRAMILA 2170 SW 37TH ST. OCALA, FL 34474		
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 _____ <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, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM MITRA, PURUSHOTTAM 2170 SW 37TH ST. OCALA, FL 34474	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM MITRA, PRAMILA 2170 SW 37TH ST. OCALA, FL 34474	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM SINGH, PRAHAV 2170 SW 37TH ST. OCALA, FL 34474	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM SINGH, POORITA 2170 SW 37TH ST. OCALA, FL 34474	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM SINGH, PRIAMVADA 2170 SW 37TH ST. OCALA, FL 34474	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM SINGH, PUSHKAR 2170 SW 37TH ST. OCALA, FL 34474	
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.		
SIGNATURE: <u>Pramila Mitra</u> 1/6/2006 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		



01062006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1659025	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

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01/11/06-80006-011 55.00

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