


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 12, 2007 8:00 am
Secretary of State

07-12-2007 90009 028 ****50.00

DOCUMENT # L04000074517 1. Entity Name SHIVKRUPA MANAGEMENT LLC			
Principal Place of Business 9323 SOUTHEAST MARICAMP ROAD OCALA, FL 34472		Mailing Address 9323 SOUTHEAST MARICAMP ROAD OCALA, FL 34472	
2. Principal Place of Business - No P.O. Box # 9315 SOUTHEAST MARICAMP ROAD Suite, Apt. #, etc.		3. Mailing Address 9315 SOUTHEAST MARICAMP ROAD Suite, Apt. #, etc.	
City & State OCALA, FL Zip 34472		City & State OCALA, FL Zip 34472	
4. FEI Number 20-3985462		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 SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		7. Name and Address of New Registered Agent Name MANDAKINIBEN PATEL Street Address (P.O. Box Number is Not Acceptable) 9315 SOUTHEAST MARICAMP ROAD City OCALA	
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 MANDAKINIBEN PATEL DATE 7/9/07	
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PATEL, MANDAKINIBEN 9323 SOUTHEAST MARICAMP ROAD OCALA, FL 34472	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PATEL, MANDAKINIBEN 9315 SOUTHEAST MARICAMP ROAD OCALA, FL 34472
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MOORE, JOHNNY 9323 SOUTHEAST MARICAMP ROAD OCALA, FL 34472	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PATEL, MANDAKINIBEN 9315 SOUTHEAST MARICAMP ROAD OCALA, FL 34472
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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: MANDAKINIBEN PATEL		Date 7/9/07 Daytime Phone # 352-680-9055	