2007 LIMITED LIABILITY COMPANY

FILED Jul 12, 2007 8:00 am

ANNUAL REPORT					Secretary of State					
DOCUMENT # L04000074517				700				•	28 ****50.	
1. Entity Name SHIVKRUPA MANAGEMENT LLC										
OI II VICINO	N A MANAGEMENT LLC									
Principal Plac	e of Business	Mailing Address	<u> </u>							
9323 SOUTHEAST MARICAMP ROAD 9323 SOUTHEAST MARICAM OCALA, FL 34472 OCALA, FL 34472			CAMP ROAD							
OUNLA, FL 3	944 <i>12</i>	OCALA, FL 34472								
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address								
	HEAST MARICAMP ROAD	BIS SOUTHEAST	MARICAME	KOAD			BEIJI BAKII BALII		DJE BI B irbi (re)s (bi	IEBI III IEBI
Suite, Apt.		Suite, Apt. #, etc.			07092007	Chg-	LLC	CR2E	(12/06)	
City & Stat	° FL	City & State	<u>/</u> .		4. FEI Numi 20-39				-	plied For ot Applicable
Zip	Country	Zip	Country		5. Certificat		: Desired	П	\$5.00 Add	
34472	6. Name and Address of Current I	34472			7. Name an		_		Fee Require	d
· · · · · · · · · · · · · · · · · · ·	o. Name and Address of Current i	Negistered Agent	Name		, ,	0		gistered	Agent	
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST.					<i>Vi BEN</i> ⊇.O. Box Numi		کے۔ Acceptable)		
4TH FLOC			9313	5 Sci	STHEAS	TM	ARICA	mp	KORD	
MIAMI, FL	33145							/		
				City DCALA				FL Zip Code		
The above the obligat	named entity supports this statement for ions of registered agent.	the purpose of changing its r	egistered office of					rida. ‡an	n familiar with,	and accept
SIGNATURE	lador!			n'	AWDAKIN	BEN T	DIEL	,	1/9/01	
SIGNATURE	Signature, typed or prinled name of registered agent a	ind utle if applicable. (NOTE.	Registered Agent signs	iture required	when reinstating)	· /		DATE	11/7	
Fil	ing Fee is \$50.00						Make	check	payable to	
Due t	by September 14, 2007						Florida	Departi	ment of State	•
9.	MANAGING MEMBEI	RS/MANAGERS	10.			A	DDITIONS/	CHANGE	S	
- TITLE NAME	MGR BATEL MANDAKIBEN	☐ Defete	TITLE	MGR	c/ A.4.			,	Change	Addition
STREET ADDRESS	PATEL, MANDAKIBEN 9323 SOUTHEAST MARICAMP F	ROAD	NAME STREET ADDRESS	9315	SOUTHE	VDAKII ZAST	N'BEN Marica	mp 1	ROAD	
CITY-ST-ZIP	OCALA, FL 34472		CITY-ST-ZIP	OCA	SOUTHERLA, FO	2 34	1472			
TITLE NAME	MGR MOORE, JOHNNY	🔀 Delete	TITLE NAME		,				☐ Change	☐ Addition
STREET ADDRESS	9323 SOUTHEAST MARICAMP F	ROAD	STREET ADDRESS							
CITY-ST-ZIP	OOALA EL 04470			f						
	OCALA, FL 34472		CITY-ST-ZIP							
TITLE NAME	UCALA, FL 34472	☐ Delete	TITLE						Change	Addition
NAME STREET ADDRESS	UCALA, FL 34472	☐ Delete	~						☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	UCALA, FL 34472		TITLE NAME STREET ADDRESS CITY-ST-ZIP							<u></u>
NAME STREET ADDRESS	UCALA, FL 34472	☐ Delete☐ Delete☐ Delete	TITLE NAME STREET ADDRESS						☐ Change	Addition
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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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

MANDAKIN'BEN TATEL SIGNATURE: MANDAKINIBEN IMPERINTED AME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

352-680-9055