2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

05-30-20**% ଖଉ**ପି ଅତୀ5 ***138.50 SECRETALIMO**IO (୨୦୮୫) MTE** TALLAHASSEE, FLORIDA

DOCUMENT # L0400074517 1. Entity Namil SHIVKRUPA MANAGEMENT LLC								08 JL	ו סואנ	\M 10: 1	6	
Principal Place 9315 SOUTHI OCALA, FL 34	EAST MARK		Mailing Address 9315 SOUTHEAST MARICAMP ROAD OCALA, FL 34472									
2. Principal Pl	ace of Busin	ness - No P.O. Box #	3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.			050	52008	Chg-LLC	CR2E0	983 (12/06)		
City & State			City & State		4. FEI Number 20-3985462			Applied For Not Applicable				
Zip		Country	Zip	Coun	itry		5. Certificate of Status Desired					
	6. Name	and Address of Current	Registered Agent	-	Name ~	7. N	ame and	Address of Nev	v Registered	Agent		
SPIEGEL & UTRERA, P.A.					VATEL MANDAKINIBEN .							
9315 SOU	THEAST	MARICAMP ROAD		Street Addre			(P.O. Box Number is Not Acceptable) 5 36 MAQ-COM-P たみ					
OCALA, FL	L 344/2	\$										
in the second se					City o	CALA	, E.		FL	Zip Cod	uu72	
8. The above	named entit	ty submits this state ent to	If the purpose of changing its	register	ed office or reg	gistered age	ent, or bo	oth, in the State of	Florida. I am			
the obligations of registered agent.												
SIGNATURE Signature, typed or printed neare of registrature and title if applicable. (NOTE: Registrated Agent streams required when refressored) DATE												
1974								· ·			~	
FILE NOWID FEE IS \$138.75 Due by September 12, 2008 In accordance with s. 607.193(2)(b), F.S., Itability company did not receive the prior r							ted		lake check p ida Departm			
9.		MANAGING MEMBI	ERS/MANAGERS	10.				ADDITION	S/CHANGES	-		
TITLE	MGR	AAAID AKKIDEA	☐ Delcia	tit).	_					☐ Change	☐ Addition	
NAME STREET ADDRESS		MANDAKIBEN UTHEAST MARICAMP	ROAD	eet address								
CITY-ST-ZIP		FL 34472		1	(-ST-ZIP							
TITLE			☐ Delete	TITL	E					☐ Change	☐ Addition	
NAME STREET ADDRESS	,			NAV	EET ADDRESS						j	
CITY-ST-ZIP					r-ST-ZP						ļ	
TITLE ·			☐ Celete	m	£		•			Change	Addition	
NAME	i			NAM	-							
STREET ADDRESS	}			1	EET ADORESS (-ST-ZIP						ľ	
TITLE			☐ Delete	TITL	——— —	· · · · · · · · · · · · · · · · · · ·				Change	Addition	
NAME				NAL	€					_ •	_	
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS (-ST-ZIP						i	
TITLE	 		☐ Deleta	τηι						☐ Change	☐ Addition	
NAME	1		_ 0	MAA	1							
STREET ADDRESS					EET ADORESS							
mue	-		Defete:	ותר דות	r-ST-ZIP				- 	Change	☐ Addition	
NAME	Ì		Li veat	MAL	ì					C weeks		
STREET ADORESS					EET ADORESS						ĺ	
CITY-\$1-20°	1	ha infarmation	h shits different de ser de s		Y-ST-ZIP	inadia or	mte- 117		14	that the		
11. I hereby certify that the information supplied with this filling 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 em 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: MANDALIAIBEN PATEL SIGNOB 352-680-1548										48		
L	SECHATURE AND TYPED OR PROJECT HOUSE OF STOKING MANAGER MANAGER, OR AUTHORIZED REPRESENTATIVE Date Chymne Prome &											