

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

05-30-2008 06:15:01 ***138.50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 JUN 10 AM 10:16

DOCUMENT # L04000074517 1. Entity Name SHIVKRUPA MANAGEMENT LLC					
Principal Place of Business 9315 SOUTHEAST MARICAMP ROAD OCALA, FL 34472			Mailing Address 9315 SOUTHEAST MARICAMP ROAD OCALA, FL 34472		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-3985462	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 9315 SOUTHEAST MARICAMP ROAD OCALA, FL 34472				7. Name and Address of New Registered Agent Name PATEL, MANDAKIBEN Street Address (P.O. Box Number is Not Acceptable) 9315 SE MARICAMP ROAD City OCALA, FL Zip Code 34472	
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 DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PATEL, MANDAKIBEN 9315 SOUTHEAST MARICAMP ROAD OCALA, FL 34472 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:			MANDAKIBEN PATEL		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 5/6/08 Daytime Phone # 352-680-1548		