2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000074879

1. Entity Name
JAI JALARAM LLC

Principal Place of Business	Mailing Address
1744 NORTH FORT HARRISON AVENUE CLEARWATER, FL 33755	1744 NORTH FORT HARRISON AVENUE CLEARWATER, FL 33755

DO NOT WRITE IN THIS SPACE

01272006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
76-0768454

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

PATEL, HASMUKHBHAI M
1744 NORTH FORT HARRISON AVENUE
CLEARWATER, FL 33755

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGRM
NAME	PATEL, PRAFUL N
STREET ADDRESS	1744 NORTH FORT HARRISON AVENUE
CITY-ST-ZIP	CLEARWATER, FL 33755
TITLE	MGRM
NAME	PATEL, MITABEN P
STREET ADDRESS	1744 NORTH FORT HARRISON AVENUE
CITY-ST-ZIP	CLEARWATER, FL 33755
TITLE	MGRM
NAME	PATEL, HASMUKHBHAI M
STREET ADDRESS	1744 NORTH FORT HARRISON AVENUE
CITY-ST-ZIP	CLEARWATER, FL 33755
TITLE	MGRM
NAME	PATEL, SUMANBEN H
STREET ADDRESS	1744 NORTH FORT HARRISON AVENUE
CITY-ST-ZIP	CLEARWATER, FL 33755
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/17/06-80042-004 55.00

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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: H.M.PATEL 02-03-06 727-449-8688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #