

**LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR)**

**FILED**  
**Jun 26, 2007 8:00 am**  
**Secretary of State**

06-26-2007 90048 001 \*\*\*\*55.00

DOCUMENT # L 04000074879

1. Entity Name

JAI TALARAM LLC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1744 N. FT. HARRISON AVE

Suite, Apt. #, etc.

3. Mailing Address

1744 N. FT. HARRISON AVE

Suite, Apt. #, etc.

40121866

CR2E083B (8/05)

City & State

CLEARWATER FLORIDA

City & State

CLEARWATER FL.

4. FEI Number

76-0768454

Applied For

Not Applicable

Zip

33755

Country

PINELAS

Zip

33755

Country

PINELAS

5. Certificate of Status Desired ☒

\$5.00 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

PATEL HASMYKHBHAI M.

Street Address (P.O. Box Number is Not Acceptable)

1744 N. FT HARRISON AVE

City

CLEARWATER

FL

Zip Code

33755

**DO NOT WRITE  
IN THIS SPACE**

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.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	MEM
NAME	PATEL HASMYKHBHAI M.
STREET ADDRESS	1744 N. FT HARRISON CLEARWATER
CITY-ST-ZIP	FL-33755
TITLE	MEM
NAME	PATEL SYMANBEN H.
STREET ADDRESS	1744 N. FT HARRISON CLEARWATER
CITY-ST-ZIP	FL-33755
TITLE	MEM
NAME	PATEL PRAFUL N.
STREET ADDRESS	1744 N. FT HARRISON CLEARWATER
CITY-ST-ZIP	FL-33755
TITLE	MEM
NAME	PATEL MITABEN P.
STREET ADDRESS	1744 N. FT HARRISON CLEARWATER
CITY-ST-ZIP	FL-33755
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

06.22.07

727.444.8688

Date

Daytime Phone #