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

DOCUMENT # L 04000074879

JAIJALARAM LZC.



## **FILED** Jun 26, 2007 8:00 am Secretary of State 06-26-2007 90048 001 \*\*\*\*55.00

	DO N	OT WR	ITE IN	THIS S	PAC	E		
2. Principal F	Place of Busin	ness	3. N	Mailing Address			40121866	
1744	<u>N. FT-1</u>	4ARRISO1	V AVE 17	-44. N.47	. H H L	luison a	HI F	
Suite, Apt.	. #, etc.			uite, Apt. #, etc.			CR2E083B (8/05)	
				City & State Cleatwater FL.			4. FEI Number Applied For 76 - 0 7 6 8 4 5 4 Not Applicable	
	_	Country CiwLlA			Qount Q V	L) AL	5. Certificate of Status Desired \$5.00 Additional Fee Required	
						7. Name and Address of Current Registered Agent		
	- and the second					Name PATE	L HASMYKHBHAT M.	
	CIECTEMATER FLOTINA CIECTEMATER FLOTINA  Zip 33755 PINLIAS  Name PAT  Street Addres  IN THIS SPACE  The above named entity submits this statement for the purpose of changing its registered office or regist the obligations of registered agent.  GNATURE  Signature, typed or printed name of registered agent and tille if applicable.  MANAGING MEMBERS/MANAGERS  MELE MASMULTH BHAT M.  WE LEET ADDRESS  PATEL HASMULTH BHAT M.  STREET ADDRESS  CITY-ST-ZIP  LE MASMULTH PLANAGERS  CITY-ST-ZIP  LE MASMULTH PLANAGERS  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  LE MASMULTH PLANAGERS  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  THULL N. KT HARRI ON CLEUCEWARD  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  THULL N. KT HARRI ON CLEUCEWARD  TITLE  NAME  TITLE  NAME						(P.O. Box Number is Not Acceptable)	
IN THIS SPACE						1744, N. FT HARRISON AVE		
						City C 1 Par EWATER FL 33755		
			ement for the pu	urpose of changing its	s registere			
SIGNATURE	Signature, typed	or printed name of regist	ered agent and title if	applicable.			DATE	
		<del></del>		· · · · · · · · · · · · · · · · · · ·	FEE IS	\$50.00	3	
			٨	•			ent of State	
9.			MEMBERS/MA	NAGERS				
TITLE NAME	' ' ' '					1		
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	ne	RM		FL- 33755.		1		
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	1744	N. FT.+	ARRIS	ONCLEATE		ST-ZIP	DO NOT WRITE	
	nes	1m	w	20F12 £2.337			IN THIS SPACE	
NAME STREET ADDRESS	0000	L miTA	ME W	^	NAME STREE	T ADDRESS	0.7.02	
CITY-ST-ZIP	1741	- M) ( A	13410	עושו		ST-ZIP		
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STREET ADDRESS CITY-ST-ZIP	1					T ADDRESS ST-ZIP		
	<del>                                     </del>				TITLE	-		
TITLE						1		
TITLE NAME STREET ADDRESS					NAME	<b>†</b>		

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: M. DATES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
Date

Date

Dayling Phone #