

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000074879

FILED
Mar 07, 2009
Secretary of State

Entity Name: JAI JALARAM LLC

Current Principal Place of Business:

1744 NORTH FORT HARRISON AVENUE
CLEARWATER, FL 33755

New Principal Place of Business:

Current Mailing Address:

1744 NORTH FORT HARRISON AVENUE
CLEARWATER, FL 33755

New Mailing Address:

FEI Number: 76-0768454

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PATEL, PRAFUL N
Address: 1744 NORTH FORT HARRISON AVENUE
City-St-Zip: CLEARWATER, FL 33755

Title: MGRM () Delete
Name: PATEL, MITABEN P
Address: 1744 NORTH FORT HARRISON AVENUE
City-St-Zip: CLEARWATER, FL 33755

Title: MGRM () Delete
Name: PATEL, HASMUKHBHAI M
Address: 1744 NORTH FORT HARRISON AVENUE
City-St-Zip: CLEARWATER, FL 33755

Title: MGRM () Delete
Name: PATEL, SUMANBEN H
Address: 1744 NORTH FORT HARRISON AVENUE
City-St-Zip: CLEARWATER, FL 33755

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: HASMUKHBHAI PATEL

MR.

03/07/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date