## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L04000084322

Entity Name

MURLIPHAR ENTERPRISE, LLC

Principal Place of Business 268 CHURCHILL DRIVE LONGWOOD, FL 32779

Mailing Address

268 CHURCHILL DRIVE LONGWOOD, FL 32779

## FILED Feb 23, 2006 08:00 AM Secretary of State





02192006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1902028 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Regulard

6. Name and Address of Current Registered Agent

VANKINI, CHETAN 268 CHURCHILL DRIVE LONGWOOD, FL 32779

City-St-7iP

SIGNATURE:

STONATURE AND TYPED OR PRINTED HAVE OF SIGN

## 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 province inspire of regressional apent and title it applicable.  INCITE: Registered Agent someture required when refusational CLATE   |   |  |   |
| <del></del>   | argument, typera of primout mains of regions on allieur and time () applicable,   | (NCTE: Registered Agent signature required when reinstating) | CATE  |
| Fi<br>Di  | iling Fee is \$50,00 ue by May 1, 2006  |  | 5 - <del>1-</del>                               |
| 9.  | MANAGING MEMBERS/MANAGERS   |  |   |
| TITLE NAME SIBLET ADDRESS CITY-ST-ZIP HILLE NAME STRILLT ADDRESS CITY-ST-ZIP TITLE NAME   | MGRM JOSHI, VARSHA P 268 CHURCHILL DRIVE LONGWOOD, FL 32779 MGRM VANXINI, CHETAN 268 CHURCHILL DRIVE LONGWOOD, FL 32779 |  | U00000445187<br>03/07/06-80033-012 <b>50.00</b> |
| STREET ADDRESS<br>CLTY-ST-ZIP   |   | DO   | NOT WRITE                                       |
| THE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | IN T   | THIS SPACE                                      |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |  |   |
| TITLE NAME STREET ADDRESS   |   |  |   |

11. I heraby certify that the Information supplied with this filling 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.

IG MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE