07/15/05 16:14:14 Broad and Cassel->

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Secretary of State
07-20-2005 90067 001 ***110.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000090466

1. Entity Name
VIJAY OF FLORIDA, LLC

30010214

Principal Place of Business	Mailing Address
576 STERTHAUS AVENUE, SUITE A ORMOND BEACH, FL 32174	576 STERTHAUS AVENUE, SUITE A ORMOND BEACH, FL 32174

2. Principal Place of Business	3. Mailing Address
	380 JOHN ANDERSON DR
Suite, Apt. #, etc.	Suite, Apt. #, etc. ORMOND BEACH
City & State	City & State FLORIDA
Zip / Country	Zip 32176 Country USA

07152005 Chg-LLC CR2E083 (10/03)

4. FEI Number ☐ Applied For ☑ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

D'SOUZA, GEMMA I
576 STERTHAUS AVENUE, SUITE A
ORMOND BEACH, FL 32174

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 September 7, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR D'SOUZA, V. JOHN 576 STERTHAUS AVENUE, SUITE A ORMOND BEACH, FL 32174	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR D'SOUZA, GEMMA I 576 STERTHAUS AVENUE, SUITE A ORMOND BEACH, FL 32174	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] 7/18/05 (386) 677 7260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #