FILED
Mar 26, 2007 08:00 AM
Secretary of State

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000001604

1. Entity Name
MUKTA REAL ESTATE, LLC

Principal Place of Business	Mailing Address
1507 S HIAWASSEE RD SUITE 109 ORLANDO, FL 32835 US	1507 S.HIAWASSEE RD SUITE 109 ORLANDO, FL 32835 US

U00000678083
04/03/07-80008-002 50.00

03162007No Chg-LLC CR2E083 (11/05)

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4. FEI Number
20-4217373
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

FLICK, JAMES J
112 LAKE AVENUE
ORLANDO, FL 32801

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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 _____ DATE
Type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when executing)

Filing Fee is $50.00
Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	KARKAL, SMITA S
STREET ADDRESS	1850 LEE ROAD, SUITE 200
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	MGR
NAME	KARKAL, SHIVANAND S
STREET ADDRESS	1850 LEE ROAD, SUITE 200
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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 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.

SIGNATURE: Smita S. Karkal SMITA S. KARKAL 3/21/07 321-436-9595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #