



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L05000001723</b> 1. Entity Name <b>MAULIN-RAVI LLC</b>						<div style="font-size: 2em; font-weight: bold;">FILED</div> <div style="font-size: 1.2em;">06 JUL 21 PM 12:29</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business <b>428 MERLIN WAY TALLAHASSEE, FL 32301</b>				Mailing Address <b>428 MERLIN WAY TALLAHASSEE, FL 32301</b>			
2. Principal Place of Business <b>14953 MAIN STREET</b>				3. Mailing Address <div style="text-align: center; font-size: 2em;">DK</div>			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State <b>GRETNA, FLORIDA</b>				City & State			
Zip <b>32332</b>		Country <b>U.S.A</b>		Zip		Country	
6. Name and Address of Current Registered Agent  <b>PATEL, JAGDISH K 428 MERLIN WAY TALLAHASSEE, FL 32301</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold;">FL</div> <div style="text-align: right;">Zip Code</div>			
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____							
<b>Filing Fee is \$50.00 Due by September 6, 2006</b>				<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM PATEL, JAGDISH 428 MERLIN WAY TALLAHASSEE, FL 32301</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center; font-weight: bold;">200077964002</div> <div style="text-align: center;">07/25/06--01053--003 **50.00</div> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR PATEL, MUKESHKUMAR G 17890 BLUE STAR HWY QUINCY, FL 32351</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR PATEL MUKESH KUMAR G 7A GOLDEN LEAF APT, Cleveland ST. QUINCY FL 32351</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM PATEL, DINA M 17890 BLUE STAR HWY QUINCY, FL 32351</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR PATEL DINA M 7A GOLDEN LEAF APT, Cleveland ST QUINCY FL 32351</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR PATEL, CHETNA 428 MERLIN WAY TALLAHASSEE, FL 32301</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.							
<b>SIGNATURE:</b>  <b>JAGDISH K. PATEL</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<b>MGRM</b> <b>07/21/06 (850)322-3377</b> <small>Date Daytime Phone #</small>			