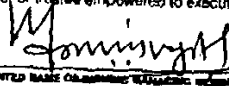


FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90028 044 ****50.00

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000005648					
1. Entity Name SHIVADIT INVESTMENTS, L.L.C.					
Principal Place of Business 9474 WOODBREEZED AVE. WINDERMERE, FL 34786			Mailing Address 9474 WOODBREEZED AVE. WINDERMERE, FL 34786		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 20-2132894			Applied For ☐ Additional Fees Required		
5. Certificate of Status Desired ☐			5. Certificate of Status Desired ☐		
6. Name and Address of Current Registered Agent VYAS, MANISH 9474 WOODBREEZED AVE. WINDERMERE, FL 34786			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			FL		
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 _____ Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reappointing)					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS					
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM VYAS, MANISH 9474 WOODBREEZED AVE. WINDERMERE, FL 34786 ☐ Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM VYAS, SEFALI 9474 WOODBREEZED AVE. WINDERMERE, FL 34786 ☐ Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete				
10. ADDITIONS / CHANGES					
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition				
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 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:  4/24/06					
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT, RECEIVER, TRUSTEE, OR AUTHORIZED REPRESENTATIVE					

60036507



04122006 Chg-LLC CR2E083 (1/05)