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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.

60036507

Principal Place of Business	Mailing Address
9474 WOODBREEZED AVE. WINDERMERE, FL 34786	9474 WOODBREEZED AVE. WINDERMERE, FL 34786

04122006 Chg-LLC CR2E083 (11/05)

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 20-2182894 ☐ Applied For ☐ Not Applicable

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

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
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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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: [signature] 4/24/06
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #