

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Mar 21, 2007 08:00 AM  
Secretary of State

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



03152007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

30-3293896

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

**DO NOT WRITE  
IN THIS SPACE**

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 May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	VYAS, MANISH
STREET ADDRESS	9474 WOODBREEZED AVE.
CITY-ST-ZIP	WINDERMERE, FL 34786
TITLE	MGRM
NAME	VYAS, SEFALI
STREET ADDRESS	9474 WOODBREEZED AVE.
CITY-ST-ZIP	WINDERMERE, FL 34786
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000674933  
03/29/07-80087-009 55.00

**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:

MANISH VYAS

3/18/07 407-977-0034

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #