

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000007468

FILED
Apr 13, 2009
Secretary of State

Entity Name: SADGURU PROPERTIES, LLC

Current Principal Place of Business:

9310 SW 71 AVE.
MIAMI, FL 33156

New Principal Place of Business:

Current Mailing Address:

9310 SW 71 AVE.
MIAMI, FL 33156

New Mailing Address:

FEI Number: 90-0266632

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

AIRAN, DAMODAR S
9310 SW 71 AVE
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: AIRAN, DAMODAR S
Address: 9310 SW 71 AVE
City-St-Zip: MIAMI, FL 33156

Title: MGRM () Delete
Name: AIRAN, LALITA D
Address: 9310 SW 71 AVE
City-St-Zip: MIAMI, FL 33156

Title: MGRM () Delete
Name: PACE, RASHMI A
Address: 7020 SW 94 ST
City-St-Zip: MIAMI, FL 33156 US

Title: MGRM () Delete
Name: JAVIA, SUBHA A
Address: 321 TASKER ST
City-St-Zip: PHILADELPHIA, PA 19148

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAMODAR S AIRAN

MGRM

04/13/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date