

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000011285	
1. Entity Name SANGAM ENTERPRISES LLC	



FILED

06 MAR -8 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business POLO PARK WEST 101 DIVINE DRIVE DAVEN PORT, FL 33897	Mailing Address POLO PARK WEST 101 DIVINE DRIVE DAVEN PORT, FL 33897
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2. Principal Place of Business 2560 E HIGHWAY 50 Suite, Apt. #, etc. SUITE 101 City & State CLERMONT FL Zip 34711 Country USA	3. Mailing Address 2560 E. HIGHWAY 50 Suite, Apt. #, etc. SUITE 101 City & State CLERMONT FL Zip 34711 Country U.S.A
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03082006 Chg-LLC CR2E083 (11/05)

4. FEI Number 65-1241971
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	7. Name and Address of New Registered Agent Name BARRY PATEL Street Address (P.O. Box Number is Not Acceptable) 2560 E. HIGHWAY 50, SUITE 101 City CLERMONT FL Zip Code 34711
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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] 3-08-2006 DATE
(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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PATEL, VIRAAG <input checked="" type="checkbox"/> Delete POLO PARK WEST, 101 DIVINE DRIVE DAVEN PORT, FL 33897	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PATEL ANJALEE BHASKARBHAI <input type="checkbox"/> Change <input type="checkbox"/> Addition 2560 E. HIGHWAY 50, SUITE 101 CLERMONT FLORIDA 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PATEL, BHASKAR M <input checked="" type="checkbox"/> Delete POLO PARK WEST, 101 DIVINE DRIVE DAVEN PORT, FL 33897	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300068105859 03/20/06--01020--025 **\$5.00
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
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.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-08-2006

Date

863-370-5164

Daytime Phone #