

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State

01-12-2006 90036 032 ****50.00

DOCUMENT # L05000014897 . ---					
1. Entity Name SATYA PROPERTIES LLC.					
Principal Place of Business 10901 HARTS ROAD JACKSONVILLE, FL 32218			Mailing Address 10901 HARTS ROAD JACKSONVILLE, FL 32218		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01092008 Chg-LLC CR2E083 (11/05)	
4. FEI Number 20-2536537				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JOHNSON, A. HINTON 1301 RIVER PLACE BLVD. SUITE 1500 JACKSONVILLE, FL 32207			Name SANDIP J. SATYA Street Address (P.O. Box Number is Not Acceptable) 10901 HARTS ROAD City JACKSONVILLE FL Zip Code 32218		
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 <u><i>V.J. Satya</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>1/9/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
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	SANDIP J. SATYA <input type="checkbox"/> Delete 10901 HARTS ROAD JACKSONVILLE FL 32218		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE - PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JAYANTILAKSHI M. SATYA <input type="checkbox"/> Delete 10901 HARTS ROAD JACKSONVILLE FL 32218		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <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	
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: <u><i>V.J. Satya</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			DATE <u>1/9/06</u> (904) 864-6300 <small>Date Daytime Phone #</small>		

ATTACHMENT

30000219
#L05000014897



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 17, 2006

SATYA PROPERTIES LLC.
10901 HARTS ROAD
JACKSONVILLE, FL 32218

Subject: SATYA PROPERTIES LLC.

Reference Number: L05000014897

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/sm

ANNUAL REPORTS SECTION