


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90229 020 ***150.00

| | |
|--|---|
| DOCUMENT # L05000019048 |  |
| 1. Entity Name SHRI KRISHNA DEEP LLC | |

| | |
|---|---|
| Principal Place of Business 1518 ALT 27 NORTH LAKE WALES FL 33853 | Mailing Address 204 LAUREL COVE WAY WINTER HAVEN FL 33884 |
|---|---|



| | |
|--|---|
| 2. Principal Place of Business 1518 ALT 27 NORTH | 3. Mailing Address 9520 WATER FORD OAKS DR. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

1st MOORE CR2E083 (10/05)

| | | | | |
|--------------------------------------|-------------------------------------|------------------------------------|---|---|
| City & State LAKE WALES FL | City & State Winter Haven | 4. FEI Number 20-2423820 | Applied For <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
| Zip 33853 | Country FL | Zip 33884 | Country 33889 | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |

| | | | |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent PATEL, KULIN 204 LAUREL COVE WAY WINTER HAVEN FL 33884 | | 7. Name and Address of New Registered Agent PATEL KULIN 9520 WATER FORD OAKS DR. Winter Haven FL 33889 | |
| Name | | Street Address (P.O. Box Number is Not Acceptable) | |
| City | | Zip Code FL | |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR PATEL, KULIN 204 LAUREL COVE WAY WINTER HAVEN FL 33884 | 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 |
| 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 Section 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

[Signature]

Feb 14/06

863-241-3588