

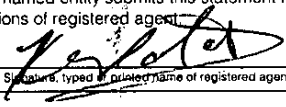
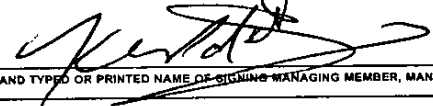


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 17, 2006 8:00 am**  
**Secretary of State**

03-17-2006 90028 034 \*\*\*\*50.00

<b>DOCUMENT # L05000025611</b> 1. Entity Name <b>JAI MAHALAXMI MAA, LLC</b>					
Principal Place of Business <b>4154 BALD EAGLE LANE</b> <b>JACKSONVILLE, FL 32257</b>			Mailing Address <b>4154 BALD EAGLE LANE</b> <b>JACKSONVILLE, FL 32257</b>		
2. Principal Place of Business <b>13820 ST. AUGUSTINE RD</b> Suite, Apt. #, etc. <b>Suite # 201</b> City & State <b>JACKSONVILLE FL</b> Zip <b>32258</b>		3. Mailing Address <b>13820 ST. AUGUSTINE RD</b> Suite, Apt. #, etc. <b>Suite # 201</b> City & State <b>JACKSONVILLE FL</b> Zip <b>32258</b>			
03062006 Chg-LLC CR2E083 (11/05)		4. FEI Number <b>20-2491999</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> Additional Fee Required		6. Name and Address of Current Registered Agent <b>HOWE &amp; WILLIAMS, P.A.</b> <b>6817-601 SOUTHPOINT PARKWAY</b> <b>JACKSONVILLE, FL 32216</b>			
7. Name and Address of New Registered Agent Name <b>LOUIS DAVID CPA</b> Street Address (P.O. Box Number is Not Acceptable) <b>12627 SAN JOSE BLVD # 306</b> City <b>JACKSONVILLE</b> FL Zip Code <b>32223</b>		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  DATE <b>3/14/06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>PATEL, VINABEN K</b> <b>4154 BALD EAGLE LANE</b> <b>JACKSONVILLE, FL 32257</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>PATEL, VINABEN K</b> <b>13820 ST. AUGUSTINE RD #201</b> <b>JACKSONVILLE FL 32258</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>PATEL, KANTILAL</b> <b>4154 BALD EAGLE LANE</b> <b>JACKSONVILLE, FL 32257</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>PATEL, KANTILAL</b> <b>13820 ST. AUGUSTINE RD #201</b> <b>JACKSONVILLE FL 32258</b>	<input checked="" 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <b>3/14/06</b> 904-886-4501 <small>Daytime Phone #</small>		