

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90027 037 \*\*\*\*\*55.00

<b>DOCUMENT # L05000025611</b>					
<b>1. Entity Name</b> JAI MAHALAXMI MAA, LLC					
<b>Principal Place of Business</b> 13820 ST. AUGUSTINE RD STE 201 JACKSONVILLE, FL 32258			<b>Mailing Address</b> 13820 ST. AUGUSTINE RD STE 201 JACKSONVILLE, FL 32258		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b>		<b>City &amp; State</b>		<b>4. FEI Number</b> 20-2491999	
<b>Zip</b>		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  LOUIS DAVID CPA 12627 SAN JOSE BLVD. # 306 JACKSONVILLE, FL 32223			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____		
<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.</b>  SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> PATEL, VINABEN K' 13820 ST. AUGUSTINE RD, # 201 JACKSONVILLE, FL 32258 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> PATEL, KANTILAL 13820 ST. AUGUSTINE RD, # 201 JACKSONVILLE, FL 32258 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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<b>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.</b>					
<b>SIGNATURE:</b> <u>Kantilal &amp; Vinaben K. Patel</u> <u>3/9/07 904-886-4501</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

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