

**2008 LIMITED-LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 15, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000025611

1. Entity Name
JAI MAHALAXMI MAA, LLC



Principal Place of Business
13820 ST. AUGUSTINE RD
STE 201
JACKSONVILLE, FL 32258

Mailing Address
13820 ST. AUGUSTINE RD
STE 201
JACKSONVILLE, FL 32258



01182008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2491999

Applied For
Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOUIS DAVID CPA
12627 SAN JOSE BLVD, # 306
JACKSONVILLE, FL 32223

**DO NOT WRITE
IN THIS SPACE**

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PATEL, VINABEN K
13820 ST. AUGUSTINE RD, # 201
JACKSONVILLE, FL 32258

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
PATEL, KANTILAL
13820 ST. AUGUSTINE RD, # 201
JACKSONVILLE, FL 32258

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
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CITY-ST-ZIP

000000830073
02/26/08-80068-019 143.75

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

KANTILAL U PATEL 2/12/08 904-886-4501