

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000026022

Entity Name: AMRIT RESIDENCES I, LLC

FILED
Apr 24, 2007
Secretary of State

Current Principal Place of Business:

4243 NORTHLAKE BOULEVARD
SUITE D
PALM BEACH GARDENS, FL 33410 US

Current Mailing Address:

4243 NORTHLAKE BOULEVARD
SUITE D
PALM BEACH GARDENS, FL 33410 US

FEI Number: 20-2688721

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KAKKAR, YASH PAL
4243 NORTHLAKE BOULEVARD
SUITE D
PALM BEACH GARDENS, FL 33410 US

New Principal Place of Business:

4243 NORTHLAKE BOULEVARD
SUITE D
PALM BEACH GARDENS, FL 33410 US

New Mailing Address:

4243 NORTHLAKE BOULEVARD
SUITE D
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: AMRIT DEVELOPMENT, I, NC.
Address: 4243-D NORTHLAKE BOULEVARD
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: MGR () Delete
Name: KAKKAR, YASH PAL
Address: 4243-D NORTHLAKE BOULEVARD
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: YASH PAL KAKKAR

MGR

04/24/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date