

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90208 045 ****50.00

DOCUMENT # L05000029514

1. Entity Name
AMIT PROPERTIES LLC



Principal Place of Business
**17605 HACKAMORE PLACE
LUTZ, FL 33549**

Mailing Address
**17605 HACKAMORE PLACE
LUTZ, FL 33549**



01042007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
86-1133855

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PATEL, PRAVIN D
17605 HACKAMORE PLACE
LUTZ, FL 33549**

**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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PATEL, PRAVIN D
17605 HACKAMORE PLACE
LUTZ, FL 33549**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PATEL, SUNITA P
17605 HACKAMORE PLACE
LUTZ, FL 33549**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PATEL, AMIT P
17605 HACKAMORE PLACE
LUTZ, FL 33549**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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: *Pravin D Patel* **PRAVIN D. PATEL** 1/8/07 83-949-0215

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

Date

Daytime Phone #