



**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 07, 2008 08:00 AM
Secretary of State

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	
DO NOT WRITE IN THIS SPACE			
		 01042008No Chg-LLC CR2E083 (12/07)	
		4. FEI Number 86-1133855	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			
9. MANAGING MEMBERS/MANAGERS			DO NOT WRITE IN THIS SPACE
TITLE	MGRM		
NAME	PATEL, PRAVIN D		
STREET ADDRESS	17605 HACKAMORE PLACE		
CITY-ST-ZIP	LUTZ, FL 33549		
TITLE	MGRM		
NAME	PATEL, SUNITA P		
STREET ADDRESS	17605 HACKAMORE PLACE		
CITY-ST-ZIP	LUTZ, FL 33549		
TITLE	MGRM		
NAME	PATEL, AMIT P		
STREET ADDRESS	17605 HACKAMORE PLACE		
CITY-ST-ZIP	LUTZ, FL 33549		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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: <i>Pravin D Patel</i> PROVIN D. PATEL, MGRM			813-949-0215
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE			Date 1/4/08 Daytime Phone #