

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000029514

Entity Name: AMIT PROPERTIES LLC

FILED  
Jan 07, 2009  
Secretary of State

**Current Principal Place of Business:**

17605 HACKAMORE PLACE  
LUTZ, FL 33549

**New Principal Place of Business:**

**Current Mailing Address:**

17605 HACKAMORE PLACE  
LUTZ, FL 33549

**New Mailing Address:**

FEI Number: 86-1133855

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PATEL, PRAVIN D  
17605 HACKAMORE PLACE  
LUTZ, FL 33549 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: PATEL, PRAVIN D  
Address: 17605 HACKAMORE PLACE  
City-St-Zip: LUTZ, FL 33549

Title: MGRM ( ) Delete  
Name: PATEL, SUNITA P  
Address: 17605 HACKAMORE PLACE  
City-St-Zip: LUTZ, FL 33549

Title: MGRM ( ) Delete  
Name: PATEL, AMIT P  
Address: 17605 HACKAMORE PLACE  
City-St-Zip: LUTZ, FL 33549

**ADDITIONS/CHANGES:**

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

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

Title: MGR (X) Change ( ) Addition  
Name: PATEL, AMIT P  
Address: 17605 HACKAMORE PLACE  
City-St-Zip: LUTZ, FL 33549

I hereby certify that the information supplied with this filing does not qualify 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: PDPATEL

MGRM

01/07/2009

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