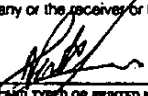


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

7. **FILED**
Jul 31, 2006 8:00 am
Secretary of State

07-13-2006 90081 007 ****50.00

DOCUMENT # L05000029799					
1. Entity Name PATELSIS, LLC					
Principal Place of Business 10640 NW 5TH STREET PLANTATION, FL 33324-1609			Mailing Address 10640 NW 5TH STREET PLANTATION, FL 33324-1609		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-2604148	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PATEL, NARENDRA H MD, JD 10640 NW 5TH STREET PLANTATION, FL 33324-1609				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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:  NARENDRA H. PATEL, MD, JD DATE: 7/19/06 (NOTE: Registered Agent signature required when renewing)					
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PATEL, NARENDRA H MD, JD 10640 NW 5TH STREET PLANTATION, FL 333241609	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PATEL, PREMSARAN 2712 AUGUSTA DRIVE HOMESTEAD, FL 33035	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PATEL, DAYABHAI 1223 NE FIRST AVENUE, US HWY 1 FLORIDA CITY, FL 33034	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PATEL, SUBHASH 9 EVERGREEN COURT TOWACO, NJ 07082	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PATEL, TEENA P 2736 SILVER RIVER TRAIL ORLANDO, FL 32828	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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:  NARENDRA H. PATEL, MD, JD DATE: 7/19/06 (954) 693-0630 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

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