

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000030896

FILED
Jul 04, 2006
Secretary of State

Entity Name: TRISHUL, LLC

Current Principal Place of Business:

315 VELVETEEN PLACE
ORLANDO, FL 32766 US

New Principal Place of Business:

Current Mailing Address:

315 VELVETEEN PLACE
ORLANDO, FL 32766 US

New Mailing Address:

FEI Number: 20-3653251 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MUNGAL, RAKESH
315 VELVETEEN PLACE
ORLANDO, FL 32766 US

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: MUNGAL, RAKESH
Address: 315 VELVETEEN PLACE
City-St-Zip: CHULUOTA, FL 32766 US

Title: MGRM () Delete
Name: ALLI, CHERYL
Address: 1949 CORNER MEADOW CIRCLE
City-St-Zip: ORLANDO, FL 32820 US

Title: MGRM () Delete
Name: ALLI, RAFFI
Address: 1949 CORNER MEADOW CIRCLE
City-St-Zip: ORLANDO, FL 32820 US

ADDITIONS/CHANGES:

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

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: RAKESH MUNGAL

MR.

07/04/2006

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