## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000048710

Entity Name: ARYAN HOLDINGS, LLC

TAMPA, FL 33611

City-St-Zip:

FILED Feb 14, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
4644 W. G STE 4	ANDY BLVD			
TAMPA, F	L 33611 US	3		
Current Mailing Address:			New Mailing Address:	
3611 WES TAMPA, F	ST BAY AVENU L 33611 US			
FEI Number	: 20-2847332	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
4644 W. G STE 4	NU K MGR SANDY BLVD L 33611 US			
	named entity s of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both
SIGNATUI	RE:			
	Electron	ic Signature of Registered Age	ent	Date
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGR () KALIA, CHAND 3611 WEST BA TAMPA, FL 33	Y AVENUE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	T () KALIA, CHAND 3611 WEST BA TAMPA, FL 33	Y AVENUE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	MGR () KALIA, ANNU K 3611 WEST BA TAMPA, FL 33	Y AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address:	S () KALIA, ANNU K 3611 WEST BA		Title: Name: Address:	( ) Change ( ) Addition

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.

City-St-Zip:

SIGNATURE: ANNU KALIA MGR 02/14/2007