## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Jan 13, 2006 8:00 am Secretary of State

DOCUMENT # L05000051676  1. Entity Name BALAJI ESTATES, LLC.						01-13-2006 9	0037 027 ****50.	00
Principal Place of Business  2957 W. CYPRESS CREEK ROAD FORT LAUDERDALE, FL 33309 US  Mailing Address  2957 W. CYPRESS CREEK RO FORT LAUDERDALE, FL 33309					i 100(10) is 01	1 COVER BUILT DENN COM COM	II. \$610) BARK HAIN BAIK ASAR B	118 <b>4</b> 1 118 18 81
2. Principal Place of Business		3. Mailing Address		ļ, <b>,,,,,,,,,,,,,,,,</b>				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01062006	Chg-LLC	CR2E083 (11/05)		
City & State		City & State		4. FEI Numb 20 -	29 30664	Ar No	oplied For ot Applicable	
Zip	Country	Zip	Zip Country		5. Certificate	of Status Desired	□ \$5.00 Add Fee Require	
	6. Name and Address of Current F	Registered Agent			7. Name and	Address of New R	tegistered Agent	
				Name				
PAHARIA, SANJAY 2957 W. CYPRESS CREEK ROAD FORT LAUDERDALE, FL 33309				Street Address (P.O. Box Number is Not Acceptable)				
	• * * *							
			City			FL Zip Cod		
8. The above the obligat	named entity submits this statement for lons of registered agent.	the purpose of changing its	registere	ed office or regi	istered agent, or bo	th, in the State of Flo	orida. I am familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent a	nd tille if applicable. (NOT	E: Registere	d Agent signature req	uired when reinstation)		DATE	
					(			
FI	iling Fee is \$50.00 ue by May 1, 2006						e check payable to a Department of Stat	e
FI D	iling Fee is \$50.00 ue by May 1, 2006 MANAGING MEMBER		10.				e check payable to a Department of Stat	e
D	ue by May 1, 2006			 :		Florida	e check payable to a Department of Stat	e Addition
9. TITLE NAME	MANAGING MEMBER MGRM PAHARIA, SANJAY	RS/MANAGERS	10.			Florida	e check payable to a Department of Stat CHANGES	<u> </u>
9. TITLE NAME STREET ADDRESS	MANAGING MEMBER MGRM PAHARIA, SANJAY 2957 W. CYPRESS CREEK ROA	RS/MANAGERS	10. TITLE NAMI STRE	E Et address		Florida	e check payable to a Department of Stat CHANGES	<u> </u>
9. TITLE NAME	MANAGING MEMBER MGRM PAHARIA, SANJAY 2957 W. CYPRESS CREEK ROA FORT LAUDERDALE, FL 33309	RS/MANAGERS	10. TITLE NAMI STRE	E		Florida	e check payable to a Department of Stat CHANGES	<u> </u>
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBER MGRM PAHARIA, SANJAY 2957 W. CYPRESS CREEK ROA FORT LAUDERDALE, FL 33309 MGR	RS/MANAGERS	10. TITLE NAMI STRE	E ET ADDRESS -ST-ZIP		Florida	e check payable to a Department of Stat CHANGES	<u> </u>
9.  TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	MANAGING MEMBER MGRM PAHARIA, SANJAY 2957 W. CYPRESS CREEK ROA FORT LAUDERDALE, FL 33309 MGR PAHARIA, SHACHI	RS/MANAGERS  Delete  Delete	10. TITLE NAMI STRE CITY TITLE	E ET ADDRESS -ST-ZIP		Florida	e check payable to a Department of Stat /CHANGES	☐ Addition
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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 timited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

01/06/06

054-0228485

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Daytime Phone #