

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 04, 2006 8:00 am
Secretary of State

08-04-2006 90086 010 ****55.00



DOCUMENT # L05000061288

1. Entity Name
 SHREE PARSWANATH, LLC

Principal Place of Business
 408 BAINBRIDGE STREET
 PANAMA CITY BEACH FL 32413

Mailing Address
 408 BAINBRIDGE STREET
 PANAMA CITY BEACH FL 32413



2. Principal Place of Business
 408 BAINBRIDGE ST,
 PANAMA CITY BEACH
 FLORIDA 32413

3. Mailing Address
 408 BAINBRIDGE STREET
 PANAMA CITY BEACH
 PANAMA CITY BEACH, FL
 32413 USA

2nd MOORE CR2E083 (4/06)

4. FEI Number
 20-3096292

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 GIOIELLO, JOHN L ESQ
 404 JENKS AVENUE
 PANAMA CITY FL 32401

7. Name and Address of New Registered Agent
 Name: RAJENDRA D. SHAH
 Street Address (P.O. Box Number is Not Acceptable): 408 BAINBRIDGE STREET
 City: PANAMA CITY BEACH FL Zip Code: 32413

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: (NOTE: Registered Agent signature required when reinstating)

DATE: 8/1/06

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 6, 2006

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SHAH, RAJENDRA D TENANT 408 BAINBRIDGE STREET PANAMA CITY BEACH FL 32413 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SHAH, MEENA TENANT 408 BAINBRIDGE STREET PANAMA CITY BEACH FL 32413 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: DATE: 8/1/06 TELEPHONE: 858-235-2401

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