

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000062735

**FILED**  
**Feb 07, 2006**  
**Secretary of State**

**Entity Name:** SHUKAN L.L.C

**Current Principal Place of Business:**

1088 BLOOMSBURY RUN  
HEATHROW, FL 32746 US

**New Principal Place of Business:**

31428 ST ANDREWS BLVD  
CR 435  
MT PLYMOUTH, FL 32776 US

**Current Mailing Address:**

1088 BLOOMSBURY RUN  
HEATHROW, FL 32746 US

**New Mailing Address:**

P.O. BOX 717  
SORRENTO, FL 32776 US

FEI Number: 20-3259755

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KELLEY GOLDBERG LEACH & COHN P.L  
475 MONTGOMERY PLACE  
ALTAMONTE SPRINGS, FL 32714 US

**Name and Address of New Registered Agent:**

PATEL, NAKUL S MGR  
P.O. BOX 717  
SORRENTO, FL 32776 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: NAKUL PATEL

02/07/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PATEL, NAKUL S  
Address: 1088 BLOOMSBURY RUN  
City-St-Zip: HEATHROW, FL 32776 US

Title: MGR ( ) Delete  
Name: PATEL, NISHA  
Address: 1088 BLOOMSBURY RUN  
City-St-Zip: HEATHROW, FL 32746 US

**ADDITIONS/CHANGES:**

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: NAKUL PATEL

MGRM

02/07/2006

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