

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Jul 03, 2006
Secretary of State**

DOCUMENT# L05000068612

Entity Name: VIVEK, LLC

Current Principal Place of Business:

12215 SW 101 TERRACE
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

12215 SW 101 TERRACE
MIAMI, FL 33186

New Mailing Address:

FEI Number: 20-3138192 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:

SABNANI, VIVEK
12215 SW 101 TERRACE
MIAMI, FL 33186 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:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: SABNANI, VIVEK
Address: 12215 SW 101 TERRACE
City-St-Zip: MIAMI, FL 33186

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

Title: MGR () Delete
Name: SABNANI, KOMAL
Address: 12215 SW 101 TERRACE
City-St-Zip: MIAMI, FL 33186

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

Title: MGR () Delete
Name: SABNANI, KURU
Address: 12215 SW 101 TERRACE
City-St-Zip: MIAMI, FL 33186

Title: MGR (X) Change () Addition
Name: KIRPALANI, DURU
Address: 12215 SW 101 TERRACE
City-St-Zip: MIAMI, FL 33186

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: VIVEK SABNANI

MGR

07/03/2006

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