05-01-2006 90057 050 ****50.00
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2006 LIMITED LIABILITY COMPANY ~~ANNUAL REPORT~~ REINSTATE

DOCUMENT # L05000074454

1. Entity Name
SHIVAS INTERNATIONAL LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2006 OCT -2 PM 4:34

Principal Place of Business	Mailing Address
505 KERNAN MILL LANE JACKSONVILLE, FL 32259	505 KERNAN MILL LANE JACKSONVILLE, FL 32259

2. Principal Place of Business	3. Mailing Address
259 Johns Creek Pkwy	259 Johns Creek Pkwy
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Augustine, FL	City & State: St. Augustine, FL
Zip: 32092 Country	Zip: 32092 Country

03162006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3232182 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BABANI, SANGITA K
505 KERNAN MILL LN
JACKSONVILLE, FL 32259

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 ______________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BABANI, SANGITA K 505 KERNAN MILL LN JACKSONVILLE, FL 32259	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sangita Babani 259 Johns Creek Pkwy. St Augustine, FL 32092	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 2006	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: Sangita Babani Sangita Babani 4/26/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #