

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90486 009 ****50.00

DOCUMENT # L05000086490 1. Entity Name SAPAN RIA, LLC																					
Principal Place of Business 3625 TOWNSEND BLVD. JACKSONVILLE, FL 32277 US			Mailing Address 3625 TOWNSEND BLVD. JACKSONVILLE, FL 32277 US																		
2. Principal Place of Business - No P.O. Box # 5214 NEW KINGS RD		3. Mailing Address 5214 NEW KINGS RD																			
Suite, Apt. #, etc.		Suite, Apt. #, etc.																			
City & State JACKSONVILLE FL		City & State JACKSONVILLE FL																			
Zip 32209		Country US		4. FEI Number 20-3426032																	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required		03092007 Chg-LLC CR2E083 (12/06)																	
6. Name and Address of Current Registered Agent SHAH, KAMLESH N 365 MONUMENT RD 5214 NEW KINGS RD 15-B-2 JACKSONVILLE, FL 32225 32209				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																	
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 _____																					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State																			
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">MGRM <input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SHAH, KAMLESH N</td> </tr> <tr> <td>STREET ADDRESS</td> <td>365 MONUMENT RD, #15-B-2 5214 NEW KINGS RD</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JACKSONVILLE, FL 32225 32209</td> </tr> </table> </div> <div style="width: 48%;"> 10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table> </div> </div>						TITLE	MGRM <input type="checkbox"/> Delete	NAME	SHAH, KAMLESH N	STREET ADDRESS	365 MONUMENT RD, #15-B-2 5214 NEW KINGS RD	CITY-ST-ZIP	JACKSONVILLE, FL 32225 32209	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP	
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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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Kamlesh Shah **KAMLESH SHAH** **3/9/07** **904 765-4481**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #