

Sent By: RASKIN SHAH P.A.;

321 269 6677;

FILED
Aug 08, 2007 8:00 am
Secretary of State

07-06-2007 90036 035 ****50.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

7/6

DOCUMENT # L05000089869 1. Entity Name SRI BALAJI HOTELS, L.L.C.	
--	---

Principal Place of Business 6974 EAST COLONIAL DRIVE ORLANDO, FL 32807 US	Mailing Address 6974 EAST COLONIAL DRIVE ORLANDO, FL 32807 US
---	---

30012123



07022007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3481901	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**GASSMAN, ALAN S
1245 COURT STREET, SUITE 102
CLEARWATER, FL 33758**

**DO NOT WRITE
IN THIS SPACE**

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 reappointing)

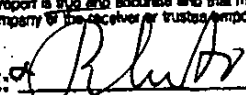
DATE

**Filing Fee is \$80.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ELIGETI, JALANDHAR 6974 EAST COLONIAL DRIVE ORLANDO, FL 32807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ELIGETI, RAMULU 5441 SOUTHWEST 30TH AVENUE OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ELIGETI, APARNA 5441 SOUTHWEST 30TH AVENUE OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ELIGETI, PRAVEEN 5441 SOUTHWEST 30TH AVENUE OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SWAMY, SAMALA R 245 OCEAN TERRACE STATEN ISLAND, NY 10301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 606, Florida Statutes.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF ADDRESS MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

08/04/07 321 356 7308