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Secretary of State
07-06-2007 90036 035 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000089869

1. Entity Name
SRI BALAJI HOTELS, L.L.C.

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

30012123

07022007No 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
1246 COURT STREET, SUITE 102
CLEARWATER, FL 33756

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

Filing Fee is $60.00
Due by September 14, 2007

9. MANAGING MEMBERS/MANAGERS

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

SIGNATURE: [signature] 08/04/07 321 356 7308
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #