FILED
Feb 08, 2008 08:00 AM
Secretary of State

2008 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

DO NOT WRITE IN THIS SPACE

01242008 No Chg-LLC CR2E083 (12/07)

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

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	

U00000821348
02/19/08-80020-019 138.75

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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: _____ 01/26/08 321 356 7308
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #