2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 26, 2006 8:00 am Secretary of State **DOCUMENT #L05000094445** 04-26-2006 90015 049 ****50.00 **GULATI PROPERTIES, LLC** Principal Place of Business Mailing Address 20035152 1040 BICHARA BOULEVARD 1040 BICHARA BOULEVARD LADY LAKE, FL 32159 US LADY LAKE, FL 32159 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04222006 CR2E083 (11/05) Chg-LLC Applied For City & State City & State 4. FEI Number Not Applicable Country \$5.00 Additional П 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CYRUS, ROBERT R Street Address (P.O. Box Number is Not Acceptable) 214 NORTH THIRD STREET LEESBURG, FL FL City 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 Synature, typed or printed name of registered agont 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 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. TITLE MGRM Delete TITLE ☐ Change ■ Addition **GULATI, JAIDEEP** NAME NAME STREET ADDRESS 1040 BICHARA BOULEVARD STREET ADDRESS CITY-ST-ZIP LADY LAKE, FL 32159 CITY-ST-ZIP MGRM IIILE ☐ Delete TITL F Change ☐ Addition NAME GULATI, SUNDEEP NAME STREET ADORESS STREET ADDRESS 1040 BICHARA BOULEVARD LADY LAKE, FL 32159 CITY-ST-ZIP CITY-ST-7/P MGRM TITLE Change ☐ Addition TITLE ☐ Delete NAME GULATI MONICA NAME 1040 BICHARA BOULEVARD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LADY LAKE, FL 32159 CITY-ST-ZIP ☐ Delete TITLE ☐ Addition Change TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7P CITY-ST-7P ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling 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 feeding or trusted empowered to execute this report as required by Chapter 608, Florida Statutes.

Vaidee

PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE

FILED