

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000097008

FILED
Mar 18, 2008
Secretary of State

Entity Name: SANSKAR LLC

Current Principal Place of Business:

27659 SE HWY 19
OLD TOWN, FL 32680 US

New Principal Place of Business:

Current Mailing Address:

27659 SE HWY 19
OLD TOWN, FL 32680 US

New Mailing Address:

2900 LAKE VALENCIA BLVD E
PALM HARBOR, FL 34684 US

FEI Number: 13-4310914 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAH, PARAG B
27659 SE HWY 19
OLD TOWN, FL 32680 US

Name and Address of New Registered Agent:

SHAH, PARAG B
2900 LAKE VALENCIA BLVD E
PALM HARBOR, FL 32680 US

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.

SIGNATURE: PARAG B. SHAH

03/18/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SHAH, PARAG B
Address: 27659 SE HWY 19
City-St-Zip: OLD TOWN, FL 32680

Title: MGRM () Delete
Name: DOSHI, SUPNA P
Address: 27659 SE HWY 19
City-St-Zip: OLD TOWN, FL 32680

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SHAH, PARAG B
Address: 2900 LAKE VALENCIA BLVD E
City-St-Zip: PALM HARBOR, FL 34684

Title: MGRM (X) Change () Addition
Name: DOSHI, SUPNA P
Address: 2900 LAKE VALENCIA BLVD E
City-St-Zip: PALM HARBOR, FL 34684

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PARAG B. SHAH

MGRM

03/18/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date