

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000097488

FILED  
Apr 28, 2007  
Secretary of State

Entity Name: ANJANI ENTERPRISES, LLC

**Current Principal Place of Business:**

4011 NORTH OCEAN BOULEVARD  
FORT LAUDERDALE, FL 33308 US

**New Principal Place of Business:**

**Current Mailing Address:**

4011 NORTH OCEAN BOULEVARD  
FORT LAUDERDALE, FL 33308 US

**New Mailing Address:**

FEI Number: 20-3564903

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHHABRA, NARENDER  
4011 NORTH OCEAN BOULEVARD  
FORT LAUDERDALE, FL 33308 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CHHABRA, NARENDER  
Address: 4011 NORTH OCEAN BOULEVARD  
City-St-Zip: FORT LAUDERDALE, FL 33308 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: PRES (X) Change ( ) Addition  
Name: CHHABRA, NARENDER  
Address: 4011 NORTH OCEAN BOULEVARD  
City-St-Zip: FORT LAUDERDALE, FL 33308 US

Title: VP ( ) Change (X) Addition  
Name: CHHABRA, PIYUSH  
Address: 4011 NORTH OCEAN BLVD.  
City-St-Zip: FORT LAUDERDALE, FL 33308

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: NARENDER CHHABRA

PRES

04/28/2007

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