

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 25, 2006 8:00 am**  
**Secretary of State**

04-25-2006 90016 034 \*\*\*\*55.00

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<b>DOCUMENT # L05000100536</b> 1. Entity Name <b>GAYATRI LLC</b>																													
Principal Place of Business <b>3425 S US HIGHWAY 1</b> <b>FORT PIERCE, FL 34982 US</b>			Mailing Address <b>3425 S US HIGHWAY 1</b> <b>FORT PIERCE, FL 34982 US</b>																										
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country																										
4. FEI Number <b>270133184</b>			Applied For <input type="checkbox"/> Not Applicable																										
5. Certificate of Status Desired <input checked="" type="checkbox"/>			<b>\$5.00 Additional Fee Required</b>																										
6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY</b> <b>1201 HAYS STREET</b> <b>TALLAHASSEE, FL 32301</b>			7. Name and Address of New Registered Agent Name <b>PARBHU PATEL</b> Street Address (P.O. Box Number is Not Acceptable) <b>3425 S. US 1</b> City <b>Fort Pierce</b> <b>FL</b> Zip Code <b>34982</b>																										
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  (NOTE: Registered Agent signature required when reinstating) DATE <b>4/20/06</b>																													
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>		<b>Make check payable to</b> <b>Florida Department of State</b>																											
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">MGRM</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>PATEL, PARBHUBHAI</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3425 S US HIGHWAY 1</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FORT PIERCE, FL 34982</td> <td></td> </tr> </table>			TITLE	MGRM	<input type="checkbox"/> Delete	NAME	PATEL, PARBHUBHAI		STREET ADDRESS	3425 S US HIGHWAY 1		CITY-ST-ZIP	FORT PIERCE, FL 34982		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	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 608, Florida Statutes. SIGNATURE:  DATE <b>4/20/06</b> DAYTIME PHONE # <b>772-465-7256</b>																													