

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000104300

Entity Name: SHARMA PROPERTIES LLC

FILED  
Feb 17, 2006  
Secretary of State

## Current Principal Place of Business:

3227 OAKMONT TERRACE  
LONGWOOD, FL 32799

## New Principal Place of Business:

3227 OAKMONT TERRACE  
LONGWOOD, FL 32779

## Current Mailing Address:

3227 OAKMONT TERRACE  
LONGWOOD, FL 32799

## New Mailing Address:

3227 OAKMONT TERRACE  
LONGWOOD, FL 32779

FEI Number: 04-3837413

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHARMA, KANNAN  
3227 OAKMONT TERRACE  
LONGWOOD, FL 32799 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: MGR ( ) Delete  
Name: SHARMA, DANA  
Address: 3227 OAKMONT TERRACE  
City-St-Zip: LONGWOOD, FL 32799

Title: MGRM ( ) Delete  
Name: SHARMA, (KEN) KANNAN  
Address: 3227 OAKMONT TERRACE  
City-St-Zip: LONGWOOD, FL 32799

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: SHARMA, DANA  
Address: 3227 OAKMONT TERRACE  
City-St-Zip: LONGWOOD, FL 32779

Title: MGRM (X) Change ( ) Addition  
Name: SHARMA, (KEN) KANNAN  
Address: 3227 OAKMONT TERRACE  
City-St-Zip: LONGWOOD, FL 32779

I hereby certify that the information supplied with this filing does not qualify for the 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: KANNAN SHARMA

MGRM

02/17/2006

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