
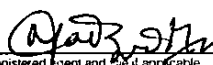
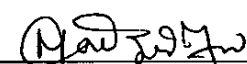


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90352 013 \*\*\*\*55.00

<b>DOCUMENT # L05000104392</b> 1. Entity Name <b>SAI KRISHNA, LLC</b>					
Principal Place of Business <b>3164 CEDARWOOD VILLAGE LANE PENSACOLA, FL 32514-6280</b>			Mailing Address <b>3164 CEDARWOOD VILLAGE LANE PENSACOLA, FL 32514-6280</b>		
2. Principal Place of Business <b>4678 HIGHWAY 90</b> Suite, Apt. #, etc.		3. Mailing Address <b>4678 HIGHWAY 90</b> Suite, Apt. #, etc.			
City & State <b>MARIANNA, FLORIDA</b>		City & State <b>MARIANNA, FLORIDA</b>		4. FEI Number <b>02-0755491</b> <div style="float: right; border: 1px solid black; padding: 2px;">         Applied For          Not Applicable       </div>	
Zip <b>32446</b> Country <b>U.S.A</b>		Zip <b>32446</b> Country <b>U.S.A</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MADA, VENKAT R 3164 CEDARWOOD VILLAGE LANE PENSACOLA, FL 32514-6280</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>4678 HIGHWAY 90</b> City <b>MARIANNA</b> <b>FL</b> Zip Code <b>32446</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 		<b>VENKAT MADA, MGRM</b>		<b>3/7/06</b>	
Filing Fee is <b>\$50.00</b> Due by <b>May 1, 2006</b>		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MADA, VENKAT R 3164 CEDARWOOD VILLAGE LANE PENSACOLA, FL 325146280</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4678 HIGHWAY 90 MARIANNA, FL-32446</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 		<b>VENKAT MADA, MGRM</b>		<b>3/6/06</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone # <b>313-333-5397</b>	