2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000105253

2127 EDGEWATER CIRCLE, SE

WINTER HAVEN, FL 33880

Address:

City-St-Zip:

Entity Name: MAHAVIR L.L.C.

FILED Apr 24, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2127 EDGEWATER CIRCLE, SE WINTER HAVEN, FL 33880 **Current Mailing Address: New Mailing Address:** 2127 EDGEWATER CIRCLE, SE 5139 DEESON PT CT WINTER HAVEN, FL 33880 LAKELAND, FL 33805 FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PATEL, HASHMUKH 2127 EDGEWATER CIRCLE SE WINTER HAVEN, FL 33880 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete MEHTA, JITENDRA Name: Name: 2127 EDGEWATER CIRCLE, SE Address: Address: City-St-Zip: WINTER HAVEN, FL 33880 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: PATEL, BHARAT Name: Address: 2127 EDGEWATER CIRCLE, SE Address: City-St-Zip: WINTER HAVEN, FL 33880 City-St-Zip: Title: MGRM () Delete Title: MGRM (X) Change () Addition KAUSHIK, AMIN Name: DILIP, AMIN Name: 2127 EDGEWATER CIRCLE, SE 2127 EDGEWATER CIRCLE, SE Address: Address: City-St-Zip: WINTER HAVEN, FL 33880 City-St-Zip: WINTER HAVEN, FL 33880 Title: MGRM () Delete Title: () Change () Addition Name: PATEL, HASHMUKH Name:

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.

Address:

City-St-Zip:

SIGNATURE: PATEL HASHMUKH MGRM 04/24/2009