2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 05, 2006
Secretary of State

DOCUMENT# L05000105652

Entity Name: ASHRAM OF SUWANNEE LLC.

Current Principal Place of Business:

CR 136 ACROSS FROM SHANDS HOSPITAL
LIVE OAK, FL 32064

New Principal Place of Business:

Current Mailing Address:

802 WHITE AVE
LIVE OAK, FL 32064

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PATEL, BEEJAL
802 WHITE AVE
LIVE OAK, FL 32064 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: PATEL, SUNIL J
Address: 802 WHITE AVE
City-St-Zip: LIVE OAK, FL 32064

Title: MGR ( ) Delete
Name: PATEL, BEEJAL
Address: 802 WHITE AVE
City-St-Zip: LIVE OAK, FL 32064

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

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: OWNE ( ) Change (X) Addition
Name: PATEL, PRAVINA S
Address: 802 WHITE AVE
City-St-Zip: LIVE OAK, FL 32064

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: SUNIL PATEL OWNE 01/05/2006

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