

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000105652

FILED
Jan 06, 2007
Secretary of State

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

ADDITIONS/CHANGES:

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

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

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

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: BEEJAL PATEL

OWNE

01/06/2007

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