

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**


**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90039 018 \*\*\*\*50.00

40030733

**DOCUMENT # L05000115338**

1. Entity Name  
**SANJEEV & POOJA L.L.C.**



Principal Place of Business  
**1700 WOODBURY RD., APT. 904  
 ORLANDO, FL 32828**

Mailing Address  
**1700 WOODBURY RD., APT. 904  
 ORLANDO, FL 32828**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04112006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**71-0990673**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required



6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>KUMRA, SANJEEV                  1700 WOODBURY RD., APT. 904                  ORLANDO, FL 32828</b>		Name Street Address (P.O. Box Number is Not Acceptable) City	
		City <b>FL</b> Zip Code	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR KUMRA, SANJEEV 1700 WOODBURY RD., APT. 904 ORLANDO, FL 32828</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR KAPoor, POOJA 1700 Woodbury Rd. Apt. 904 Orlando, FL 32828</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR KAPOOR, NAVENDRA 17 SOUTH 5TH READING, PA 19602</b> <input checked="" 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
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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: Sanjeev Kumra **4/17/06** **407-453-5548**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #