

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 28, 2008 8:00 am**  
**Secretary of State**

01-28-2008 90070 015 \*\*\*138.75

**60004212**



01212008 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L05000116276</b> 1. Entity Name <b>BSV OAKRIDGE, LLC</b>			
Principal Place of Business <b>2380 OAKRIDGE RD ORLANDO, FL 32801</b>		Mailing Address <b>444 SEABREEZE BLVD. SUITE 200 DAYTONA BEACH, FL 32118</b>	
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address <b>45 Seton Trail</b>  Suite, Apt. #, etc.	
City & State  Zip		City & State <b>Ormond Beach FL</b> Zip <b>32176</b>	
Country Country		Country <b>U.S.A</b>	
4. FEI Number <b>20-3954509</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>BHOOLA, MOHAN 444 SEABREEZE BLVD. SUITE 200 DAYTONA BEACH, FL 32118</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>45 Seton Trail</b> City <b>Ormond Beach</b> <b>FL</b> Zip Code <b>32176</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	MGRM <b>SHAH, INDRAUADAN</b> <input type="checkbox"/> Delete	TITLE	NAME <b>Shah, Indravadan</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>770 JOHN ANDERSON DR</b>	STREET ADDRESS	
CITY- ST- ZIP	<b>ORMOND BEACH, FL 32176</b>	CITY- ST- ZIP	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VAGHAIWALLA, MINOO</b>	NAME	
STREET ADDRESS	<b>447 NORTH BEACH ST</b>	STREET ADDRESS	
CITY- ST- ZIP	<b>ORMOND BEACH, FL 32174</b>	CITY- ST- ZIP	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BHOOLA, MOHAN</b>	NAME	
STREET ADDRESS	<b>444 SEABREEZE BLVD SUITE 200</b>	STREET ADDRESS	<b>45 Seton Trail</b>
CITY- ST- ZIP	<b>DAYTONA BEACH, FL 32118</b>	CITY- ST- ZIP	<b>Ormond Beach, FL 32176</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
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.			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<b>Munoo R. Vaghaiwalla</b> <b>1/25/08</b> <small>Date Daytime Phone #</small>	