2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/10/2006-90036-046-$150.00-$150.00

FILED

2006 MAY -8 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000118591

1. Entity Name
RASIK PATEL, L.L.C.

Principal Place of Business	Mailing Address
2218 UPLAND WAY TALLAHASSEE, FL 32311	2218 UPLAND WAY TALLAHASSEE, FL 32311

03262006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
2218 UPland WAY	2218 Upland way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tallahassee FL 32311	City & State: Tallahassee FL 32311
Zip: 32311 Country: USA	Zip: 32311 Country: U.S.A

4. FEI Number 20-4021609 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PADGETT, TIMOTHY D ESQ.
2810 REMINGTON GREEN CIRCLE
TALLAHASSEE, FL 32308

7. Name and Address of New Registered Agent

Name: PADGETT, TIMOTHY D ESQ

Street Address (P.O. Box Number is Not Acceptable): 2810 REMINGTON GREEN CIRCLE

City: Tallahassee, FL, FL Zip Code 32308

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 ____________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Rasik Patel 2218 UPLAND WAY Tallahassee, FL 32311 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: [signature] 03/27/06 850 574 6666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #