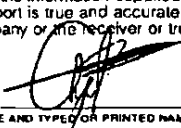


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 28, 2007 8:00 am
Secretary of State

04-02-2007 90442 024 ****55.00

DOCUMENT # L06000021872 1. Entity Name RAGHUVeer PARK, LLC																																																									
Principal Place of Business 8714 WEST HILLSBOROUGH AVENUE TAMPA FL 33615				Mailing Address 8714 WEST HILLSBOROUGH AVENUE TAMPA FL 33615																																																					
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																							
City & State Zip Country		City & State Zip Country		4. FEI Number Zw41-2199038																																																					
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable																																																					
6. Name and Address of Current Registered Agent PATEL, CHIRAG 8714 WEST HILLSBOROUGH AVENUE TAMPA FL 33615				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 terminating) _____ DATE _____																																																									
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007																																																									
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 40%;">STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 10%; text-align: center;">☐ Delete</td> </tr> <tr> <td></td> <td>PATEL, CHIRAG</td> <td>8714 WEST HILLSBOROUGH AVENUE TAMPA FL 33615</td> <td></td> </tr> <tr> <td></td> <td>PATEL, NARENDRA</td> <td>8714 WEST HILLSBOROUGH AVENUE TAMPA FL 33615</td> <td style="text-align: center;">☒ Delete</td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;">☐ Delete</td> </tr> </table> 10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 40%;">STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 10%; text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;">☐ Change ☐ Addition</td> </tr> </table>						TITLE	NAME	STREET ADDRESS CITY - ST - ZIP	☐ Delete		PATEL, CHIRAG	8714 WEST HILLSBOROUGH AVENUE TAMPA FL 33615			PATEL, NARENDRA	8714 WEST HILLSBOROUGH AVENUE TAMPA FL 33615	☒ Delete				☐ Delete				☐ Delete				☐ Delete				☐ Delete	TITLE	NAME	STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition				☐ Change ☐ Addition				☐ Change ☐ Addition				☐ Change ☐ Addition				☐ Change ☐ Addition				☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  3/21/07 837667499 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																																																									