
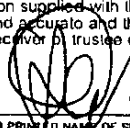


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 06, 2007 8:00 am
Secretary of State

02-13-2007 90055 036 ****50.00

DOCUMENT # L06000035482 1. Entity Name VALLABH PROPERTIES, LLC					
Principal Place of Business 1340 ROBIN ROAD SOUTH ST. PETERSBURG FL 33707 US			Mailing Address 1340 ROBIN ROAD SOUTH ST. PETERSBURG FL 33707 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-4684311	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SHAH, SUDHIR 1340 ROBIN ROAD SOUTH ST. PETERSBURG FL 33707			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 _____ <small>Signature, typed or printed name of registered agent and filer if applicable (NOTE: Registered Agent separating signatures when registering) DATE</small>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
1011 TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM, P.S.T SHAH, SUDHIR 1340 ROBIN ROAD SOUTH ST. PETERSBURG FL 33707	<input type="checkbox"/> Delete	1011 TITLE NAME STREET ADDRESS CITY- ST- ZIP	M, VP MULRAJ KAMBAR 2457 W. COUNTY 48 BUSHNELL, FL 33513	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1011 TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	1011 TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1011 TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	1011 TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1011 TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	1011 TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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1011 TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	1011 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 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:  SUDHIR K. SHAH 1/19/07					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					