2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2007
Secretary of State

DOCUMENT# L06000040596

Entity Name: SURYA K I, LLC

Current Principal Place of Business:

408 SOUTH HIGHWAY A1A
FLAGLER BEACH, 32136

New Principal Place of Business:

408 SOUTH HIGHWAY A1A
FLAGLER BEACH, FL 32136

Current Mailing Address:

9146 PHILLIPS GROVE TERRACE
ORLANDO, FL 32836

New Mailing Address:

FEI Number: 22-3929057 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PATEL, SMITA
9146 PHILLIPS GROVE TERRACE
ORLANDO, FL 32836 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	PATEL, KIRANBEN S	
Address:	9146 PHILLIPS GROVE TERRACE	
City-St-Zip:	ORLANDO, FL 32836	
Title:	MGRM	( ) Delete
Name:	PATEL, KINARI S	
Address:	9146 PHILLIPS GROVE TERRACE	
City-St-Zip:	ORLANDO, FL 32836	
Title:	MGRM	( ) Delete
Name:	PATEL, VIKASH S	
Address:	9146 PHILLIPS GROVE TERRACE	
City-St-Zip:	ORLANDO, FL 32836	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KINARI PATEL MGRM 04/21/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date