2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90054 001 *****5.00
02-01-2007 90054 002 ****50.00

30000174

DOCUMENT # L06000059649

1. Entity Name
DHAN CHAND, LLC

Principal Place of Business	Mailing Address
447 BELHAVEN FALLS DRIVE OCOEE, FL 34761 US SEE BLOCK 2	447 BELHAVEN FALLS DRIVE OCOEE, FL 34761 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1164 NW 120TH ST. TERRACE	447 BELHAVEN FALLS DR
Suite, Apt. #, etc. GAINSVILLE	Suite, Apt. #, etc. OCOEE
City & State FLORIDA	City & State FLORIDA
Zip 32606 Country USA	Zip 34761 Country U.S.A.

01032007 Chg-LLC CR2E083 (12/06)

4. FEI Number 22-3950530 — Applied For / Not Applicable

5. Certificate of Status Desired [X] $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PERSAUD, DHAN
447 BELHAVEN FALLS DRIVE
OCOEE, FL 34761

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 ______________________
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, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	☐ Delete
NAME	PERSAUD, DHAN	
STREET ADDRESS	447 BELHAVEN FALLS DRIVE	
CITY-ST-ZIP	OCOEE, FL 34761	
TITLE	MGR	☐ Delete
NAME	PERSAUD, CHAND	
STREET ADDRESS	447 BELHAVEN FALLS DRIVE	
CITY-ST-ZIP	OCOEE, FL 34761	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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STREET ADDRESS		
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.

SIGNATURE: Dhan Persaud   JANUARY 26, 2007   (407) 489-9735 Cell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #