


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90070 014 ***138.75

DOCUMENT # L06000062958	
1. Entity Name ORMOND BUSINESS CENTER, LLC	

Principal Place of Business 444 SEABREEZE BLVD., STE. 200 DAYTONA BEACH, FL 32118	Mailing Address 444 SEABREEZE BLVD., STE. 200 DAYTONA BEACH, FL 32118
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60004213



2. Principal Place of Business - No P.O. Box # 1220 Hand Ave	3. Mailing Address 45 Seton Trail
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01212008 Chg-LLC CR2E083 (12/06)

City & State Ormond Beach FL	City & State Ormond Beach FL
Zip 32174	Zip 32176
Country U.S.A	Country U.S.A

4. FEI Number 20-5111852	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent BROCK, JEFFREY P ESQ. 444 SEABREEZE BLVD., STE. 200 DAYTONA BEACH, FL 32118

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 444 Seabreeze Blvd Ste 900 City Daytona Beach FL Zip Code 32118

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHAH, INDRAUADON 770 JOHN ANDERSON DRIVE ORMOND BEACH, FL 32176 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VAGHAIWALLA, MINOO 447 N. BEACH STREET ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BHOOLA, MOHAN 444 SENBREEZE BLVD STE 200 DAYTONA BEACH, FL 32118 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Shah, Indravadan <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	45 Seton Trail <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Ormond Beach, FL 32176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:  **Minoo R. Vaghaiwalla** 1/25/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #