

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-16-2007 90154 017 ****50.00

DOCUMENT # L06000064598 1. Entity Name ASHDJI SHAH BEACH, LLC			
Principal Place of Business 1768 PARK CENTER DRIVE 325 ORLANDO, FL 32835 US		Mailing Address 1768 PARK CENTER DRIVE 325 ORLANDO, FL 32835 US	
2. Principal Place of Business - No P.O. Box # 1743 Park Center Dr Suite, Apt. #, etc. Suite 300 City & State Orlando FL Zip 32835 Country USA		3. Mailing Address 1743 Park Center Dr Suite, Apt. #, etc. Suite 300 City & State Orlando FL Zip 32835 Country USA	
4. FEI Number 20-511757		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 KAM, SHAH 1768 PARK CENTER DRIVE 325 ORLANDO, FL 32835		7. Name and Address of New Registered Agent Name Kam Shah Street Address (P.O. Box Number is Not Acceptable) 1743 Park Center Drive Suite 300 City Orlando FL Zip Code 32835	
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 fee, if applicable.</small>		DATE 3/13/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM KAM, SHAH 1768 PARK CENTER DRIVE ORLANDO, FL 32835	TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM Kam Shah 1743 Park Center Drive #300 Orlando, FL 32835
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM STEVE, ASHDJI 1768 PARK CENTER DRIVE ORLANDO, FL 32835	TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM Steve Ashdji 1743 Park Center Drive #300 Orlando, FL 32835
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		DATE 3/13/07 <small>Date</small>	