

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

03-27-2007 90203 007 ****50.00



DOCUMENT # L06000071371

1. Entity Name

PRATIK AND PRIYAM, LLC

Principal Place of Business

12939 CRAGSIDE LANE
 WINDERMERE FL 34786
 US

Mailing Address

12939 CRAGSIDE LANE
 WINDERMERE FL 34786
 US



2. Principal Place of Business - No P.O. Box #

290 San Marco Ave

Suite, Apt. #, etc.

St. Augustine

City & State

FL

3. Mailing Address

290 San Marco Ave

Suite, Apt. #, etc.

St. Augustine

City & State

FL

1st MOORE

CR2E083 (10/06)

4. FEI Number

20-5227475

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Zip

32084

Country

St. John

Zip

32084

Country

St. John

6. Name and Address of Current Registered Agent

STONE, STEPHEN M ESQ.
 725 NORTH MAGNOLIA AVENUE
 ORLANDO FL 32803

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

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
 Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE: MGRM Delete
 NAME: PATEL, JIGISHA
 STREET ADDRESS: 12939 CRAGSIDE LANE
 CITY ST ZIP: WINDERMERE FL 34786

TITLE: Delete
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 CITY ST ZIP:

10. ADDITIONS/CHANGES

TITLE: Change Addition
 NAME: 290 San Marco Ave
 STREET ADDRESS: St. Augustine FL 32084
 CITY ST ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY ST ZIP:

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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: Jigisha Patel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/15/07

Date

Daytime Phone #