

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000094791

Entity Name: JAI LAXMI, LLC

FILED
Apr 16, 2008
Secretary of State

Current Principal Place of Business:

13260 34TH STREET NORTH
CLEARWATER, FL 33762

New Principal Place of Business:

Current Mailing Address:

13260 34TH STREET NORTH
CLEARWATER, FL 33762

New Mailing Address:

FEI Number: 20-5642216

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATEL, GIRISH K
6516 14TH STREET WEST
BRADENTON, FL 34207 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: MGRM () Delete
Name: PATEL, GIRISH K
Address: 6516 14TH STREET WEST
City-St-Zip: BRADENTON, FL 34207

Title: MGRM () Delete
Name: PATEL, ANANTKUMAR R
Address: 5683 EASTWIND DRIVE
City-St-Zip: SARASOTA, FL 34233

Title: MGRM () Delete
Name: PATEL, DEVEN S
Address: 644 67TH STREET CIRCLE EAST
City-St-Zip: BRADENTON, FL 34208

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change () Addition
Name: PATEL, DEVEN S
Address: 13260 34TH STREET NORTH
City-St-Zip: CLEARWATER, FL 33762

I hereby certify that the information supplied with this filing does not qualify 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: GIRISH PATEL

MGRM

04/16/2008

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