

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000097343

Entity Name: LIA KHATRU, LLC

FILED
May 01, 2007
Secretary of State

Current Principal Place of Business:

SHOPPES OF PALM VALLEY, PALM VALLEY RD
SUITE 103
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

P O BOX 163
PONTE VEDRA BEACH, FL 32004

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LEE, GARY W
463B OSCEOLA AVE
JACKSONVILLE BEACH, FL 32250 US

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:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: LEE, LOIS A
Address: 1326 PONTE VEDRA BLVD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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

Title: MGRM () Delete
Name: LUCA, ASHLEY
Address: 210 MARGARET STREET
City-St-Zip: NEPTUNE BEACH, FL 32266

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

Title: MGRM () Delete
Name: FIGUEROA, IVETTE
Address: 1964 COLDFIELD DRIVE
City-St-Zip: JACKSONVILLE, FL 32246

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

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: GARY W LEE

CPA

05/01/2007

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