2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000101622

Entity Name: AGA LOTUS, LLC

City-St-Zip:

PALM BAY, FL 32905

FILED Aug 03, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1690 ARCOT CIRCLE, N.E., PALM BAY, FL 32905 **Current Mailing Address: New Mailing Address:** 1690 ARCOT CIRCLE, N.E., PALM BAY, FL 32905 FFI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X) 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: ABDELAAL, ALAAELDIN 1690 ARCOT CIRCLE, N.E. PALM BAY, FL 32905 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: () Change () Addition () Delete Name: ABDELAAL, ALAAELDIN Name: Address: 1690 ARCOT CIRCLE, N.E., Address: City-St-Zip: PALM BAY, FL 32905 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: ABDELAAL, ALI Name: Address: 1690 ARCOT CIRCLE, N.E., Address: City-St-Zip: PALM BAY, FL 32905 City-St-Zip: Title: MGR () Delete Title: () Change () Addition ELBOUKL, GIHAN Name: Name: 1690 ARCOT CIRCLE, N.E., Address: Address:

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.

City-St-Zip:

SIGNATURE: ALAAELDIN ABDELAAL MGR 08/03/2009