

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000112369

Entity Name: DURGA VENTURES FL LLC

FILED
Apr 02, 2007
Secretary of State

Current Principal Place of Business:

865 S. PENNSYLVANIA AVENUE
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

865 S. PENNSYLVANIA AVENUE
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 87-0788103

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AGENTS AND CORPORATIONS, INC.
SUITE E, 773 4TH AVENUE NORTH
NAPLES, FL 34102 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: MGR () Delete
Name: SABHARWAL, YASHVINDER S
Address: 865 S. PENNSYLVANIA AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: MGR () Delete
Name: VERNOLD, CYNTHIA L
Address: 865 S. PENNSYLVANIA AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: MGR () Delete
Name: HOPKINS, MARK F
Address: 865 S. PENNSYLVANIA AVENUE
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: YASHVINDER S SABHARWAL

MGR

04/02/2007

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