

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000120055

Entity Name: MODI PARTNERS, LLC

FILED
Mar 23, 2009
Secretary of State

Current Principal Place of Business:

701 E. FLETCHER AVENUE
TAMPA, FL 33612 US

New Principal Place of Business:

Current Mailing Address:

701 E. FLETCHER AVENUE
TAMPA, FL 33612 US

New Mailing Address:

701 E. FLETCHER AVENUE
APT. 256
TAMPA, FL 33612 US

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MODI, BHAVIN
701 E. FLETCHER AVENUE
TAMPA, FL 33612 US

Name and Address of New Registered Agent:

MODI, BHAVIN
701 E. FLETCHER AVENUE,
APT. 256
TAMPA, FL 33612 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: BHAVIN MODI

03/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: CEO () Delete
Name: MODI, VIPUL
Address: 701 E. FLETCHER AVENUE
City-St-Zip: TAMPA, FL 33612 US

Title: VOM () Delete
Name: MODI, BHAVIN
Address: 701 E. FLETCHER AVENUE
City-St-Zip: TAMPA, FL 33612 US

Title: SEC. () Delete
Name: MODI, PRAVIN
Address: 7001 E. FLETCHER AVENUE
City-St-Zip: TAMPA, FL 33612 US

Title: CFO () Delete
Name: MODI, PRAVIN
Address: 701 E. FLETCHER AVENUE
City-St-Zip: TAMPA, FL 33612 US

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:

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: BHAVIN MODI

VOM

03/23/2009

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