

# 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