

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SI

FILED
Jun 23, 2008 8:00 am
Secretary of State

05-15-2008 90077 006 ***138.75

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04142008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L07000035275

1. Entity Name
ANK REAL ESTATE, LLC



Principal Place of Business
**7200 LAKE ELLENOR DRIVE, SUITE 206
ORLANDO, FL 32809**

Mailing Address
**7200 LAKE ELLENOR DRIVE, SUITE 206
ORLANDO, FL 32809**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

4351 FLORA VISTA DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
ORLANDO, FL

Zip

Country

Zip

Country

32837

USA

4. FEI Number

20-8787196

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KAPADIA, ASHISH
7200 LAKE ELLENOR DRIVE, SUITE 206
ORLANDO, FL 32809**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM KAPADIA, ANIL 7200 LAKE ELLENOR DRIVE, SUITE 206 ORLANDO, FL 32809 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM KAPADIA, NILKANTH 2018 CHICKASAW TRAIL SOUTH ORLANDO, FL 32825 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SHAH, KETAN 8252 CLARCONA-OCOEE ROAD ORLANDO, FL 32818 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**ANIL
KAPADIA**

04/22/08

**407-859-
3600**

Date

Daytime Phone #