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**FILED**  
**Jul 25, 2008 8:00 am**  
**Secretary of State**

07-25-2008 90015 037 \*\*\*150.00

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT #</b> L07000069903			
<b>1. Entity Name</b>			
KRISHNA HOSPITALITY LLC			
<b>DO NOT WRITE IN THIS SPACE</b>			
<b>2. Principal Place of Business</b> 133 S COLLIER BLVD C404 Suite, Apt. #, etc.		<b>3. Mailing Address</b> 3457 Blue Star Hwy Suite, Apt. #, etc.	
<b>City &amp; State</b> MARCO ISLAND, FL		<b>City &amp; State</b> Saugatuck, MI.	
<b>Zip</b> 34145	<b>Country</b> US	<b>Zip</b> 49453	<b>Country</b> US
<b>4. FEI Number</b> 26-0874411		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>7. Name and Address of Current Registered Agent</b>			
<b>Name</b> Duane Coplin			
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 133 S Collier Blvd C404			
<b>City</b> Marco Island		<b>FL</b>	<b>Zip Code</b> 34145
<b>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.</b>			
<b>SIGNATURE</b> <i>Duane Coplin</i>		<b>Duane Coplin</b>	<b>5/1/2008</b>
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-STATE-ZIP</b>	Managine Member Dahyalal Patel 133 S Collier Blvd C404 Marco Island, FL. 34145	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-STATE-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-STATE-ZIP</b>	Member Pankaj D Patel 133 S Collier Blvd C404 Marco Island, FL. 34145	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-STATE-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-STATE-ZIP</b>	Member Jasumati D Patel 133 S Collier Blvd C404 Marco Island, FL. 34145	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-STATE-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-STATE-ZIP</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-STATE-ZIP</b>	<b>DO NOT WRITE IN THIS SPACE</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-STATE-ZIP</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-STATE-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-STATE-ZIP</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-STATE-ZIP</b>	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.</b>			
<b>SIGNATURE:</b> <i>Dahyalal M Patel</i>		<b>Dahyalal Patel</b>	<b>5/1/2008</b>
<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>		<b>Date</b>	<b>239-389-8830</b> <b>Daytime Phone #</b>

5-5-08