## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Secretary of State **DOCUMENT # L07000085849** 01-22-2008 90125 043 \*\*\*138 75 1. Entity Name SAI SHIV, LLC Mailing Address Principal Place of Business 60003032 894 A1A BEACH BLVD. 894 A1A BEACH BLVD. ST. AUGUSTINE BEACH, FL 32080 ST. AUGUSTINE BEACH, FL. 32080 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 01142008 Chg-LLC CR2E083 (12/06) Applied For City & State 4 FFI Number City & State 26-075 Not Applicable Zip Country \$5.00 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PATEL, SUKHOO Street Address (P.O. Box Number is Not Acceptable) 894 A1A BEACH BLVD. ST. AUGUSTINE BEACH, FL 32080 City Zip Code FL 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 reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. MGR TITLE □ Delete TITLE Change | ☐ Addition PATEL, SUKHOO NAME NAME STREET ADDRESS 894 A1A BEACH BLVD. STREET ADDRESS ST. AUGUSTINE BEACH, FL 32080 CITY-ST-7IP CITY-ST-7IP TITLE ITILE Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TOTALE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling 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.

FILED Jan 22, 2008 8:00 am