2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State **DOCUMENT # L07000091153** 01-07-2008 90047 024 ***150.00 BHUMI RIDHI, LLC Principal Place of Business Mailing Address 1213 ANDES DRIVE **1213 ANDES DRIVE** 2608 31254 WINTER SPRINGS, FL 32780 WINTER SPRINGS, FL 32780 2. Principal Place of Business - No P.O. Box # 3. Malling Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042008 Chg-LLC CR2E083 (12/06) City & State City & State Applied For Not Applicable Country Zio Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PALEJA, HANSRAJ Street Address (P.O. Box Number is Not Acceptable) 1213 ANDES DRIVE WINTER SPRINGS, FL 32780 City 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 agant and tills if applicable. (NOTE: Registered Agent signature required when rematating) FILE NOWIII 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 9. 10. MGR ☐ Delete TITLE ☐ Change ■ Addition TITLE PALEJA, HANSRAJ NAME MAME STREET ADDRESS 1213 ANDES DRIVE STREET ADDRESS CITY-ST-ZIP WINTER SPRINGS, FL 32780 CITY-ST-ZIP ☐ Celete TITLE ☐ Channe ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP ☐ Delete TIT! F TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY: ST: ZIP. ☐ Defete ☐ Change TITLE TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE

Feb 11, 2008 8:00 am

Change

☐ Addition

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.

NAME

TITLE

NAMÉ

☐ Delete

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME STREET ADDRESS

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SIGNATURE: 1 DEU 3 321 . 695.656