## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## May 02, 2008 8:00 am Secretary of State

**FILED** 

1. Entity Nam	MEN I # LU7000105 LDINGS, LLC				05-02-2008	3 90025 030 ***1	38.75	
Principal Place of Business 3105 SCRUB BRUSH COURT KISSIMMEE, FL 34743		Mailing Address 3105 SCRUB BRUSH COURT KISSIMMEE, FL 34743						
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03162008	Chg-LLC	CR2E083 (12/06	)	
City & State		City & State		4. FEI Number	26-13810	QU -	Applied For	
Zip	Country	Zip	Country	5. Certificate o	f Status Desired	□ \$5.00 A	Vot Applicable	
	6. Name and Address of Current	Registered Agent		7. Name and A	Address of New R	Fee Requiregistered Agent	ed	
SINGH: KA	AWALI		Name					
3105 SCR	UB BRUSH COURT E. FL 34743	Street Address		ss (P.O. Box Number	(P.O. Box Number is Not Acceptable)			
7410011111111	, 1							
			City			FL Zip Co		
	named entity submits this statement for ions of registered agent.	or the purpose of changing its	registered office or regis	stered agent, or both	, in the State of Flo	orida. I am famitiar with	n, and accept	
SIGNATURE .	Signature, typed or printed name of registered agen	and title if applicable (NOT	E: Registered Agent signature requ	used when constituted		DATE		
	NOW!!! FEE IS \$138.75 , 1, 2008 Fee will be \$538.7	5				e check payable to a Department of Sta		
9.	MANAGING MEMB	ERS/MANAGERS	10.		ADDITIONS/	CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SINGH, VISHNU 3105 SCRUB BRUSH COURT KISSIMMEE, FL 34734	□ Delele	NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	MGR RAMDAS, REKHA 3105 SCRUB BRUSH COURT KISSIMMEE, FL 34734	☐ Defete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		,	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	THLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP			☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP		. Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
11. I hereby of indicated limited lia	certify that the information supplied wit on this report is true and accurate and bility company or the receiver or truste	h this filing does not qualify fo d that my signature shall have se empowered to execute this	r the exemptions contain the same legal effect as report as required by Ch	ed in Chapter 119, F if made under oath; apter 608, Florida St	lorida Statutes. I fu that I am a manaç atutes.	urther certify that the in ging member or manag	formation ger of the	
SIGNAT	URE: MUShum SIGNATURE AND TYPED OR PRINTED NAME	sulli-	MACCO OD AUTUADITOS PERM	ECCNITATINE	02-09-0	8		
	SIGNATURE AND TYPED OR PRINTED NAME	UF SIGNING MANAGHTG MEMBER, MA	NAGER, OR AUTHORIZED REPR	ESENTATIVE	Date	Daytime Phone i	,	