

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 17, 2008 8:00 am
Secretary of State

01-17-2008 90054 039 ***143.75

| | | | | | |
|--|---|---------------------------------|---|--|--|
| DOCUMENT # L07000119885 1. Entity Name JAI SHREE KRISHNA LAKE CITY, LLC | | | | | |
| Principal Place of Business 3144 US HIGHWAY 90 WEST LAKE CITY, FL 32055 | | | Mailing Address 3144 US HIGHWAY 90 WEST LAKE CITY, FL 32055 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | | Country | | Zip | |
| | | | | | |
| 6. Name and Address of Current Registered Agent PATEL, NILESH 3144 US HIGHWAY 90 WEST LAKE CITY, FL 32055 | | | | 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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOT: Registered Agent's signature required when renewing)</small> | | | | | |
| 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 PATEL, P. J. 3144 US HIGHWAY 90 WEST LAKE CITY, FL 32055 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | MGRM PATEL, NILESH 3144 US HIGHWAY 90 WEST LAKE CITY, FL 32055 | <input type="checkbox"/> Delete | | | |
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| TITLE NAME STREET ADDRESS CITY- ST- ZIP | | <input type="checkbox"/> Delete | | | |
| 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 _____ P.J. Patel 1/14/08 386 752 9352 | | |