2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000123774

Entity Name: BHAGATJILLC

FILED Feb 11, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

588 PALM SPRINGS DR ALTAMONTE SPRINGS, FL 32701

Current Mailing Address: New Mailing Address:

27729 SUMMER PLACE DR 588 PALM SPRINGS DR

WESLEY CHAPEL, FL 33544 ALTAMONTE SPRINGS, FL 32701

FEI Number: 26-1562248 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PATEL, HARSHAD B
27729 SUMMER PLACE DR
WESLEY CHAPEL, FL 33544 US
PATEL, ANIL R
7462 PALMERGLEN CIR
SARASOTA, FL 34240 US

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.

SIGNATURE: ANIL . R . PATEL 02/11/2010

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: PRES

Name: PATEL, ALKA G

Address: 7462 PALMER GLEN CIR City-St-Zip: SARASOTA, FL 34240 US

Title: MGRM Name: PATEL, ANIL R

Address: 7462 PALMER GLEN CIR City-St-Zip: SARASOTA, FL 34240 US

Title: MGRM

 Name:
 PATEL, HARSHAD B

 Address:
 27729 SUMMER PLACE DR

 City-St-Zip:
 WESLEY CHAPEL, FL 33544 US

Title: MGRM

Name: PATEL, SHILPA H

Address: 27729 SUMMERPLACE DR
City-St-Zip: WESLEYCHAPEL, FL 33544 US

Title: MGRM

Name: PATEL, KIRTI G Address: 588 PALMSPRINGS DR

City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: MGRM

 Name:
 PATEL, NAYNA K

 Address:
 588 PALMSPRINGS DR

 City-St-Zip:
 ALTAMONTE SPRINS, FL 32701

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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 Statues.

SIGNATURE: ALKA .G. PATEL PRES 02/11/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date