

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000123774

FILED
Feb 11, 2010
Secretary of State

Entity Name: BHAGATJI LLC

Current Principal Place of Business:

588 PALM SPRINGS DR
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

27729 SUMMER PLACE DR
WESLEY CHAPEL, FL 33544

New Mailing Address:

588 PALM SPRINGS DR
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:

PATEL, HARSHAD B
27729 SUMMER PLACE DR
WESLEY CHAPEL, FL 33544 US

Name and Address of New Registered Agent:

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 SPRINGS, 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 Statutes.

SIGNATURE: ALKA .G. PATEL

PRES

02/11/2010

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