

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000126950

FILED
Apr 30, 2008
Secretary of State

Entity Name: SHRI KRISHNA INVESTMENT LLC

Current Principal Place of Business:

11501 S CLEVELAND AVE
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

11501 S CLEVELAND AVE
FORT MYERS, FL 33907

New Mailing Address:

FEI Number: 26-1623126

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATEL, RAKESH M
11501 S CLEVELAND AVE
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PATEL, GIRISH
Address: 5700 HARBORAGE DR
City-St-Zip: FORT MYERS, FL 33908

Title: MGRM () Delete
Name: RADHE KRISHNA INVEST, MENTS LLC
Address: 11501 S CLEVELAND AVE
City-St-Zip: FORT MYERS, FL 33907

Title: MGR () Delete
Name: PARIVAR MANAGEMENT I, NC
Address: 12635 S CLEVELAND AVE
City-St-Zip: FORT MYERS, FL 33907

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: RAKESH PATEL,
Address: 11501 S CLEVELAND AVE
City-St-Zip: FORT MYERS, FL 33907

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: RAKESH PATEL

MGRM

04/30/2008

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