

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000128078

FILED  
Apr 20, 2009  
Secretary of State

Entity Name: 5850 INVESTMENTS OF CENTRAL FLORIDA, L. L. C.

**Current Principal Place of Business:**

5850 SOUTH ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32809 US

**New Principal Place of Business:**

**Current Mailing Address:**

716 HUGHEY STREET  
KISSIMMEE, FL 34741 US

**New Mailing Address:**

FEI Number: 11-3836950

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HAND, RONALD M  
716 HUGHEY STREET  
KISSIMMEE, FL 34741 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: V & K RAJYAGURU FIRST LIMITED PARTNERSHIP  
Address: 505 W. VINE STREET, SUITE 301  
City-St-Zip: KISSIMMEE, FL 34742 US

Title: MGRM ( ) Delete  
Name: KOTECHA, HITESH M  
Address: 2624 CLEMENTON PARK  
City-St-Zip: ORLANDO, FL 32835 US

Title: MGRM ( ) Delete  
Name: KOTECHA, PINAL H  
Address: 2624 CLEMENTON PARK  
City-St-Zip: ORLANDO, FL 32835 US

Title: MGRM ( ) Delete  
Name: ISANI, SHAKIL  
Address: 1167 DOSS AVENUE  
City-St-Zip: ORLANDO, FL 32809 US

Title: MGRM ( ) Delete  
Name: KALHAN, VIPAN  
Address: 8205 BAY TREE LANE  
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: MGRM ( ) Delete  
Name: KALHAN, DEVIKA  
Address: 8205 BAY TREE LANE  
City-St-Zip: JACKSONVILLE, FL 32256 US

**ADDITIONS/CHANGES:**

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

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

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

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

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

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: HITESH M. KOTECHA

MANA

04/20/2009

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