							2 - 2 - (94)	37		
ile on a	or before May 1, 1999 o to a \$ 400.00 LATE FE	r Limited	d Liability	Com	pany will b	e		,		
LIMITE	D LIABILITY COMPANY	LORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State			All the State of t					
1999 DIVISION OF CORPORATIONS						59174 - 3 PH 4: 11				
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE						1a. Principal Place of Business Address				
1 Name a			「# L940			Ħ		910r	7-1	
CHANDRA, GAYDEN & PATEL, L.C.						1a. Principal Pla	1a. Principal Place of Business Address			
2	CHANDRA, GAYDEN & 20 E. MELBOURNE A MELBOURNE FL 3290	VENUE				20 E. N		NE AVENUE		
2 Principa	at Place of Business	ng Address			3. Date Organize	ed or Qualified	3a. State of Formation			
						∫ 08/05/1	1994	FL	Í	
Suite, Apt. #, etc. Suite, Ap # 104 # 1			1 #, etc. 04			4. FEI Number		Applie	d For	
· · · · · · · · · · · · · · · · · · ·			City & State			59-3268			oplicable	
Zip	Country	Zip		Count	ry	5. Date of Last F		6. Certificate of Status \$8.75 Additional Fee Requ		
	7. Name and Address of Curre	nt Registered	Agent		8. Name	Name and Addres	s of New Regis	tered Agent/Office		
	AST MELBOURNE AVE DURNE FL 32901.	NOE			Street Address (# 10 f- Suite, Apt. #, etc	P.O. Box Number i	s Not Acceptab	Zip Code		
its register	nt to the provisions of Sections 608.41 ed office or registered agent, or both, in ed agent, and accept the obligations									
SIGNATUI		State and real of	NICATE Have been Ass	and the second of the second o	n in the control in the control of		DATE _			
0. Title	Managing Members/Manag	New Triglish (cl.)	OTE: Hogistered Agricusig nature region distriction and rip Business Street Address			City, State and Zip Code				
MGRM	PATEL, BACHU	469 N	469 N HARBOR CITY BL			MELBOURNE FL				
MGRM	GRM CHANDRA, RAJIV			20 E. MELBOURNE AVENUE			MELBOURNE FL			
MGRM	GRM GAYDEN, JOHN M JR			1215 S HICKORY STREET			MELBOURNE FL			
	ş					Sat	-05/1	*Զኛ여용 1 8 179901034 188 75 ****1	902 L	
indicated o limited liabi attachment	reby certify that the information supplied in this annual report is true and accurate that company or the receiver or trustee a with an address.	e and that my	sig natiy e shall h	have the	same logal effect a	s if made under oath	i, that I am a mar	naging member or manag ame appears in Block 10,	er of the or on an	
	SIGNATURE AND I	OFFI OF PRINTED	NAME OF SIGNING N	SANAGIN I	MEMBER OR MARIATERI		(1:16	Digene Progra		
HSE10	R (12-98)	(

INHSE10 R (12-98)