


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

03-23-2004 90071 011 ****55.00

DOCUMENT # L97000000275

1. Entity Name
WALVEKAR FLORIDA PROPERTIES, L.L.C.



Principal Place of Business Mailing Address

28600 SOUTHFIELD RD SUITE 200 LATHRUP VILLAGE MI 48076 **2676 BAYSHORE BLVD. DUNEDIN FL 35698-1850**

2. Principal Place of Business **2676 Bayshore Blvd.** 3. Mailing Address **28600 Southfield Rd.**


Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 200

City & State **Dunedin, FL** City & State **Lathrup Village, MI**

Zip **34698-1850** Country Zip **48076** Country

3

34002805



MOORE CR2E083 (11/03)

4. FEI Number **59-3442711** Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WALVEKAR, VIJAY S
 2676 BAYSHORE BLVD.
 DUNEDIN FL 34698-1850**

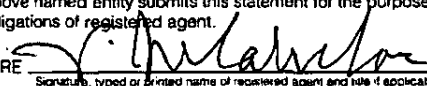
7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable): _____

City **FL** Zip Code _____

8. 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. I am familiar with, and accept the obligations of registered agent.

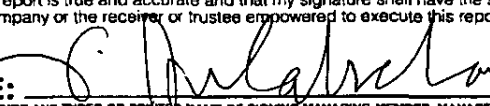
SIGNATURE  **VIJAY S. WALVEKAR** DATE **03-19-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALVEKAR, SHALINI V		NAME		
STREET ADDRESS	31210 W. CHELTON DR.		STREET ADDRESS		
CITY-ST-ZIP	BEVERLY HILLS MI 48025		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALVEKAR, VIJAY		NAME		
STREET ADDRESS	28600 SOUTHFIELD RD.		STREET ADDRESS		
CITY-ST-ZIP	LATHRUP VILLAGE MI 48076		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALVEKAR, SHEEL V		NAME		
STREET ADDRESS	31210 W. CHELTON DR.		STREET ADDRESS		
CITY-ST-ZIP	BEVERLY HILLS MI 48025		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALVEKAR, SUPRINA V		NAME		
STREET ADDRESS	31210 W. CHELTON DR.		STREET ADDRESS		
CITY-ST-ZIP	BEVERLY HILLS FL 48025		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  DATE **03-31-04** Daytime Phone # **(248) 569-0309**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE