File on or before May 1, 1998 or Limited Liability Company will be subject to a $ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 MAR -5 PM 3:49

2/3/6

FILING FEE $ 188.75	**Annual Report $100.00 + $88.75 Corporation Supplemental Fee**
	Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company

DOCUMENT # L97000000294

~~RAMNARIAN L.C.~~
~~8558 CEDAR COVE DRIVE~~
~~ORLANDO FL 32819~~

1a. Principal Place of Business Address

~~8558 CEDAR COVE DRIVE~~
~~ORLANDO FL 32819~~

2. Principal Place of Business	2a. Mailing Address
4618 Hollywood Blvd	4618 Hollywood Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hollywood, Fl.	City & State: Hollywood Fl.
Zip: 33021 Country: U.S.A.	Zip: 33021 Country: U.S.A.

3. Date Organized or Qualified	3a. State of Formation
03/11/1997	FL

4. FEI Number: 59-3431436 ☐ Applied For ☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired: $8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent/Office
AMERILAWYER CHARTERE, D 343 ALMERIA AVENUE CORAL GABLES FL 33134	Name: SPIEGEL & Utrera, P.A. Street Address (P.O. Box Number is Not Acceptable): 3526 North Federal Highway Suite, Apt. #, etc. City: Fort Lauderdale FL Zip Code: 33134

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE 3/2/98
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
CEOV	RAMNARIAN, AKASH D	8558 CEDAR COVE DRIVE	ORLANDO FL
TMGR	RAMNARIAN, AKASH D	8558 CEDAR COVE DRIVE	ORLANDO FL
S	CECIL, KEERAN	8558 CEDAR COVE DRIVE	ORLANDO FL

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****188.75 ****188.75

11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: _____ 3/2/98 (954)987-6777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #