

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000002019

Entity Name: JAI SANTOSHI MA, L.C.

FILED
May 18, 2005
Secretary of State

Current Principal Place of Business:

5405 N. CHURCH AVE.
TAMPA, FL 33614

New Principal Place of Business:

108 WEST HILLSBOROUGH
TAMPA, FL 33604

Current Mailing Address:

5405 N. CHURCH AVE.
TAMPA, FL 33614

New Mailing Address:

108 WEST HILLSBOROUGH AVENUE
TAMPA, FL 33604

FEI Number: 59-3539987 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KUMAR, RAJESH
5405 N CHURCH AVE
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

KUMAR, RAJESH
108 WEST HILLSBOROUGH AVENUE
TAMPA, FL 33604 US

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: RAJESH KUMAR

05/18/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: KUMAR, RAJESH
Address: 108 W. HILLSBOROUGH
City-St-Zip: TAMPA, FL 33604

Title: MGRM () Delete
Name: PATEL, DINESH
Address: 2909 S. 50TH ST.
City-St-Zip: TAMPA, FL 33619

ADDITIONS/CHANGES:

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 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 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: RAJESH KUMAR

MGRM

05/18/2005

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