



**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # L98000002290 1. Entity Name FAIRCHILD/INDIA L.L.C.	
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Principal Place of Business 467 TIMBER RIDGE DR LONGWOOD, FL 32779	Mailing Address 467 TIMBER RIDGE DR LONGWOOD, FL 32779
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DO NOT WRITE IN THIS SPACE

	
04162004.No Chg-LLC	CR2E083 (10/03)
4. FEI Number 45-0366615	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**FAIRCHILD, RICHARD
467 TIMBER RIDGE DRIVE
LONGWOOD, FL 32779**

**DO NOT WRITE
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$50.00 Due by May 1, 2004	U000000124852 04/22/04-80061-017 50.00
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9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FAIRCHILD & ASSOCIATES, INC. 467 TIMBER RIDGE DRIVE LONGWOOD, FL 32779
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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: <u>Richard Fairchild</u>	<u>4-19-04</u>	<u>407-774-8396</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>