


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90031 032 ****50.00

DOCUMENT # L99000001037	
1. Entity Name GAYATRI DEVI, L.L.C.	

Principal Place of Business 3072 W US HWY 90 LAKE CITY, FL 32055	Mailing Address QUALITY INN & SUITES 3072 W US HWY 90 LAKE CITY, FL 32055
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2. Principal Place of Business 3072 W US HWY 90	3. Mailing Address 3072 W US HWY 90
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State LAKE CITY, FL	City & State LAKE CITY FL
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Zip 32055	Country COLUMBIA	Zip 32055	Country COLUMBIA
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6. Name and Address of Current Registered Agent PRAVIN VACHHRAJ MEHTA 3072 W US HWY 90 LAKE CITY, FL 32055		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MEHTA, PRAVIN 3072 W US HWY 90 LAKE CITY, FL 32055 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MEHTA, DEVIYANI 3072 W US HWY 90 LAKE CITY, FL 32055 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Pravin Vachhraj Mehta April 11, 2005 (386)755-5770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #