

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # **L99000009355**

00 JUN 26 AM 9:13

1. Entity Name

ANJANI, L.L.C.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

551 EAST SR 44

Same as

WILDWOOD, FL 34785

Principal

9000003817379

-07/10/00--01024--000

*****50.00 *****50.00

2. Principal Place of Business

3. Mailing Address

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JITENDRA PATEL
551 EAST SR 44
WILDWOOD, FL 34785

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when retreating)

DATE

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME **JITENDRA PATEL** Delete
STREET ADDRESS **551 E. SR 44**
CITY-ST-ZIP **WILDWOOD, FL 34785**

TITLE NAME **Vice President** Change Additor
STREET ADDRESS **MGRM**
CITY-ST-ZIP

TITLE NAME **NARENDRA BHATT** Delete
STREET ADDRESS **551 E SR 44**
CITY-ST-ZIP **WILDWOOD, FL 34785**

TITLE NAME **Soc Secretary** Change Additor
STREET ADDRESS **MGR**
CITY-ST-ZIP

TITLE NAME **AMRAT ANAND** Delete
STREET ADDRESS **551 E SR 44**
CITY-ST-ZIP **WILDWOOD, FL 34785**

TITLE NAME **President** Change Additor
STREET ADDRESS **MGRM**
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Additor
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Additor
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Additor
STREET ADDRESS
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 607, Florida Statutes.

SIGNATURE: *Jitendra Patel*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/30/00 873-628-3612

Date Daytime Phone #