


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90028 023 \*\*\*\*55.00

<b>DOCUMENT # M06000004842</b>	
1. Entity Name <b>DHARMA, LLC</b>	

Principal Place of Business <b>777 YAMATO ROAD STE 300 BOCA RATON, FL 33431</b>	Mailing Address <b>P.O. BOX 1340 ZEPHYR COVE, NV 89448</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address <b>777 YAMATO ROAD</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>SUITE 300</b>
City & State	City & State <b>BOCA RATON, FL</b>
Zip	Country <b>USA</b>
Country	Zip <b>33431</b>



04042007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent <b>SHARMA, SANJIV 777 YAMATO ROAD, SUITE 300 BOCA RATON, FL 33431</b>	
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4. FEI Number <b>16-1681610</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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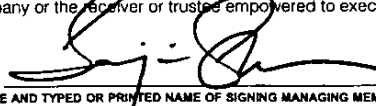
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHARMA, SANJIV 777 YAMATO ROAD, SUITE 300 BOCA RATON, FL 33431 <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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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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  **Sanjiv Sharma, Manager** **April 5, 2007 (561) 544-4400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #