## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **FILED** Feb 19, 2008 08:00 AM Secretary of State

| DOCUMENT # | M06000004842 |
|------------|--------------|
|------------|--------------|

1. Entity Name DHARMA, LLC



Principal Place of Business

777 YAMATO ROAD

**STE 300** BOCA RATON, FL 33431 Mailing Address

777 YAMATO RD STE 300

BOCA RATON, FL 34431



01162008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 16-1681610

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SHARMA, SANJIV 777 YAMATO ROAD, SUITE 300 BOCA RATON, FL 33431

## DO NOT WRITE IN THIS SPACE

| 8 | 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

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

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

H00000831867 02/27/08-80036-024 143.75

| 9.                                    | MANAGING MEMBERS/MANAGERS   |               |
|---------------------------------------|---|---------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR<br>SHARMA, SANJIV<br>777 YAMATO ROAD, SUITE 300<br>BOCA RATON, FL 33431 |               |
| TITLE NAME STREET ADDRESS GITY-ST-ZIP |   |               |
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r nereby certify that the information supplied with this filling 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 perfect or trusted empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: \_\_

SIGNATURE AND TYPED OR PE INTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Sanjiv Sharma, Manager

211/08

561-544-4602

Davlime Phone #