

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Aug 22, 2008 8:00 am**  
**Secretary of State**

08-22-2008 90011 005 \*\*\*138.75

**DOCUMENT # M07000004232**

1. Entity Name  
**RAJAN DOUGH MANAGEMENT, LLC**



Principal Place of Business      Mailing Address

2398 NEWFOUND HARBOR DRIVE      2398 NEWFOUND HARBOR DRIVE  
MERRITT ISLAND, FL 32952      MERRITT ISLAND, FL 32952

**50009653**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

*2398 Newfound Harbor Dr*      *PO Box 308*

Suite, Apt. #, etc.      Suite, Apt. #, etc.

08172008    Chg-LLC    CR2E083 (12/06)

City & State      City & State

*Merritt Island, FL*      *New Canaan CT*

Zip      Country      Zip      Country

*32952*      *US*      *06840*      *US*

4. FEI Number      Applied For

*39-2056869*      Not Applicable

5. Certificate of Status Desired            \$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

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

<b>FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008</b>	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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**9. MANAGING MEMBERS/MANAGERS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	Member RAJAN, SUNIL	2398 NEWFOUND HARBOR DRIVE	MERRITT ISLAND, FL 32952	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
MGR	Weber, Mark	13300 Atlantic Blvd #418	Jacksonville, FL 32225	<input type="checkbox"/>	<input checked="" type="checkbox"/>
MGR	Decker, Brian	60 East End Ave Apt 32 AC	NY NY 10028	<input type="checkbox"/>	<input checked="" type="checkbox"/>
MGR	Consuegra, Andy	881 Ocean Drive, Apt 3H	Key Biscayne, FL 33149	<input type="checkbox"/>	<input checked="" type="checkbox"/>
MGR	Parimal, Parimal	5 Bayberry Lane	Westport, CT 06880	<input type="checkbox"/>	<input checked="" type="checkbox"/>
MGR	Newman, Peter	6 Carissa Lane	Greenwich, CT 06830	<input type="checkbox"/>	<input checked="" type="checkbox"/>
MGR	Rajan, Saravana	2398 Newfound Harbor Dr	Merritt Island, FL 32952	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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: Sunil Rajan      8/14/08      203-274-2067

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