## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# M08000003992

Entity Name: RAJA ROLLIE LLC

Address:

City-St-Zip:

1213 COOMBS ST.

NAPA, CA 94559

FILED Mar 03, 2009 Secretary of State

| Current Principal Place of Business:          |                  |                                      | New Principal Place                | New Principal Place of Business:          |  |
|---|------------------|--------------------------------------|------------------------------------|---|--|
| 1213 COO!<br>NAPA, CA                         |                  |                                      |                                    |   |  |
| Current Mailing Address:                      |                  |                                      | New Mailing Address                | New Mailing Address:                      |  |
| 1213 COO!<br>NAPA, CA                         |                  |                                      |                                    |   |  |
| FEI Number:                                   | 20-4915199       | FEI Number Applied For()             | FEI Number Not Applicable ( )      | Certificate of Status Desired ( )         |  |
| Name and Address of Current Registered Agent: |                  |                                      | Name and Address o                 | Name and Address of New Registered Agent: |  |
| GRANTHA<br>2685 GABS<br>ORLANDO               | SROB RD.         | BUTING CO. INC.                      |                                    |   |  |
| The above in the State                        |                  | ity submits this statement for the μ | ourpose of changing its registered | d office or registered agent, or both     |  |
| SIGNATUR                                      | RE:              |                                      |                                    |   |  |
|   | Elect            | ronic Signature of Registered Age    | ent                                | Date                                      |  |
| MANAGING MEMBERS/MANAGERS:                    |                  |                                      | ADDITIONS/CHANGES:                 | ADDITIONS/CHANGES:                        |  |
| Title:<br>Name:                               | MGR<br>GRASSI, M | ()Delete<br>ARK                      | Title:<br>Name:                    | ( ) Change ( ) Addition                   |  |

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARK GRASSI MGR. 03/03/2009