LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

FILED May 21, 2002 8:00 am Secretary of State

1. Entity Name	200071918	05-21-2002 90882 025 ***150.00
RINKU INC		
	e w	
DO NOT WRITE IN THIS SPACE		
2. Principal Place of Business # 3treuts	3. Mailing Address 74 Str	eet.
Suite, Apt. #, etc.	Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE
City & State Petersbung. FL	DADB CITY. F	4. FEI Number Applied For Not Applicable
33705 Pinalen.	Zip Country	5. Certificate of Status Desired
*	*	7. Name and Address of Current Registered Agent
DO NOT WRITE		reet Address (P.O. Box Number is Not Acceptable)
.»		ity FL Zip Code
8. The above named entity submits this statement for SIGNATURE Signature typed or printed name of registered agent an		fice or registered agent, or both, in the State of Florida. 4/27/02 DATE

Make Check Payable to Department of State **DUE BY MAY 1**

MANAGING MEMBERS/MANAGERS RAJUL PATEL 14012 The Street. CR2E083B (12/01 TITLE #10 TITLE NAME NAME STREET ADDRESS STREET ADDRESS DADE CITY. FL. 33525 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS C!TY-ST-ZIP CITY-ST-ZIP STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 608, Florida Statutes.

SIGNATURE:

4/27/02 (352) 518 5878