


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000030795 1. Entity Name INDUS PAVILION, LLC	
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Principal Place of Business 2200 WEST EAU GALLIE BVD, SUITE 200 MELBOURNE, FL 32935	Mailing Address 2200 WEST EAU GALLIE BVD, SUITE 200 MELBOURNE, FL 32935
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DO NOT WRITE IN THIS SPACE



04182008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-1266003	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

ANDERSON, J. PATRICK
 930 S. HARBOR CITY BOULEVARD
 SUITE 505
 MELBOURNE, FL 32901

DO NOT WRITE IN THIS SPACE

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

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GADODIA, GOPAL 2200 WEST EAU GALLIE BOULEVARD, SUITE 200 MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DESAI, SHASHIN R 2200 WEST EAU GALLIE BOULEVARD, SUITE 200 MELBOURNE, FL 32935
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00000917132
 05/13/08-80029-025 138.75

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:  Michael C. McDonald 4/18/08 321 242 2882
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #