

FILED
Jun 15, 2007 8:00 am
Secretary of State

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04-30-2007 90065 048 ****50.00

**2007 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L05000069299			
1. Entity Name IYER MEADOW INVESTMENTS, LLC			
Principal Place of Business 15660 SAN CARLOS BOULEVARD 32 FORT MYERS, FL 33908 US		Mailing Address 15660 SAN CARLOS BOULEVARD 32 FORT MYERS, FL 33908 US	
2. Principal Place of Business - No P.O. Box # 1430 ROYAL PALM Sq. BLDG Suite, Apt. #, Etc. 103		3. Mailing Address 1430 ROYAL PALM Sq. BLDG Suite, Apt. #, etc. 103	
City & State FORT MYERS, FL		City & State FORT MYERS FL	
Zip 33908		Zip 33908	
Country LEE		Country LEE	
4. FEI Number 203148411		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent PARAMESWARAN, ARUN 15660 SAN CARLOS BLVD. 32 FORT MYERS, FL 33908		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PARAMESWARAN, ARUN 15660 SAN CARLOS BOULEVARD STE 32 FORT MYERS, FL 33908 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Arun</u>		Date _____ Daytona Phone # _____	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			

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