

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 24, 2006 8:00 am**  
**Secretary of State**

02-24-2006 90243 040 \*\*\*\*50.00

**DOCUMENT # L05000084861**



1. Entity Name  
**THE IYER GROUP, LLC**

Principal Place of Business  
**2753 EGRET WALK TERRACE N.  
 JACKSONVILLE, FL 32226**

Mailing Address  
**2753 EGRET WALK TERRACE N.  
 JACKSONVILLE, FL 32226**

**20010209**



01072006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**05-0612163**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**IYER, SURESH S  
 2753 EGRET WALK TERRACE N.  
 JACKSONVILLE, FL 32226**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
 Due by May 1, 2006**

**Make check payable to  
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

**MGRM  
 IYER, SURESH S  
 2753 EGRET WALK TERRACE N  
 JACKSONVILLE, FL 32226**

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

**MGR  
 IYER, KAROLYN L  
 2753 EGRET WALK TERRACE N.  
 JACKSONVILLE, FL 32226**

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

Change  Addition

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 CITY - ST - ZIP

Change  Addition

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:** *Suresh S. Iyer*

**SURESH S. IYER**

**2/22/06**

**904 619-1029**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING/MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #