2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000002224

Entity Name: GANESHA INVESTMENT CLUB, L.L.C.

13253 WEDGEFIELD DR

NAPLES, FL 34110

Address:

City-St-Zip:

FILED Jan 09, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 13253 WEDGEFIELD DR NAPLES, FL 34110 **Current Mailing Address: New Mailing Address:** 13253 WEDGEFIELD DR NAPLES, FL 34110 FEI Number: 59-3628918 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MYLES, JOHN R 13253 WEDGEFIELD DR NAPLES, FL 34110 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete DAILEY, MAURY Name: Name: 1307 RIVERHEAD AVE Address: Address: City-St-Zip: MARCO ISLAND, FL 341453929 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: MYLES, JOHN Name: Address: 13253 WEDGEFIELD DR. Address: City-St-Zip: NAPLES, FL 34110 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition ORR, MICHAEL Name: Name: 1825 LES CHATEAUX BLVD SUITE 101 Address: Address: City-St-Zip: NAPLES, FL 34109 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: SOMMER, RICHARD Name:

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.

Address:

City-St-Zip:

SIGNATURE: JOHN MYLES SEC 01/09/2009