2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

STREET ADDRESS

SIGNATURE:

Secretary of State DOCUMENT # L03000018540 02-07-2006 90073 027 ****50.00 1. Entity Name CHAITANYARAHDAM, L.L.C. Principal Place of Business 4420 FM 1960 WEST, SUITE 224 4420 FM 1960 WEST, SUITE 224 HOUSTON, TX 77068 HOUSTON, TX 77068 01052006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0023173 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent JOHN KINGMAN KEATING DO NOT WRITE 749 NORTH GARLAND AVENUE, SUITE 101 ORLANDO, FL 32801 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. Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. MGRM TIT1 F CHAITANYARAHDAM CORPORATION NAME 749 NORTH GARLAND AVENUE, STE 101 STREET ADDRESS ORLANDO, FL 32801 CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED Feb 07, 2006 8:00 am

Daytime Phone #