


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90400 049 ***150.00

DOCUMENT # L03000018540	
1. Entity Name CHAITANYARAH DAM, L.L.C.	

Principal Place of Business 4420 FM 1960 WEST, SUITE 224 HOUSTON, TX 77068	Mailing Address 4420 FM 1960 WEST, SUITE 224 HOUSTON, TX 77068
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01092008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-0023173	Applied For <input type="checkbox"/> 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 JOHN KINGMAN KEATING 749 NORTH GARLAND AVENUE, SUITE 101 ORLANDO, FL 32801	7. Name and Address of New Registered Agent Name <u>John K. Keating</u> Street Address (P.O. Box Number is Not Acceptable) <u>250 East Colonial Drive, Suite 300</u> City <u>Orlando</u> FL Zip Code <u>32801</u>
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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 _____ (Date)
FILE NOW!!! - FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHAITANYARAH DAM CORPORATION 749 NORTH GARLAND AVENUE, STE 101 ORLANDO, FL 32801 <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>Chaitanyaradham</u>	2-26-08	2814441585
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>