

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90176 043 ****50.00

DOCUMENT # L04000030795					
1. Entity Name INDUS PAVILION, LLC					
Principal Place of Business 2200 WEST EAU GALLIE BOULEVARD, SUITE 200 MELBOURNE, FL 32935			Mailing Address 2200 WEST EAU GALLIE BOULEVARD, SUITE 200 MELBOURNE, FL 32935		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-1266003	
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		
ANDERSON, J. PATRICK 930 S. HARBOR CITY BOULEVARD SUITE 505 MELBOURNE, FL 32901			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GADODIA, GOPAL 2200 WEST EAU GALLIE BOULEVARD, SUITE 200 MELBOURNE, FL 32935	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DESAI, SHASHIN R 2200 WEST EAU GALLIE BOULEVARD, SUITE 200 MELBOURNE, FL 32935	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 <i>Mike McDonald</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 2/19/04 Daytime Phone # 321-308-8080		