


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000030795  
 1. Entity Name  
 INDUS PAVILION, LLC



Principal Place of Business 2200 WEST EAU GALLIE BVD, SUITE 200 MELBOURNE, FL 32935	Mailing Address 2200 WEST EAU GALLIE BVD, SUITE 200 MELBOURNE, FL 32935
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03232006 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-1266003	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 ANDERSON, J. PATRICK  
 930 S. HARBOR CITY BOULEVARD  
 SUITE 505  
 MELBOURNE, FL 32901

**DO NOT WRITE 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstating)

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GADODIA, GOPAL 2200 WEST EAU GALLIE BOULEVARD, SUITE 200 MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DESAI, SHASHIN R 2200 WEST EAU GALLIE BOULEVARD, SUITE 200 MELBOURNE, FL 32935
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U00000516287  
 04/29/06-80243-012 50.00

**DO NOT WRITE IN THIS SPACE**

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: *[Signature]* Date: 4/13/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #