


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2008 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # L04000030795 1. Entity Name INDUS PAVILION, LLC |  |
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|---|---|
| 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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DO NOT WRITE IN THIS SPACE

04182008 No Chg-LLC CR2E083 (12/07)

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|-----------------------------|-------------------------------|
| 4. FEI Number 20-1266003 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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|---|---------------------------------------|
| 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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

| 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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 05/13/08-80029-025 138.75

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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:  Michael C. McDonald 4/18/08 321 242 2882

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #