

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000073833

Entity Name: PADMA, LLC

FILED
Aug 01, 2007
Secretary of State

Current Principal Place of Business:

6600 SW HWY 200
OCALA, FL 34476

New Principal Place of Business:

Current Mailing Address:

1501 SW 42ND ST
OCALA, FL 34474

New Mailing Address:

6600 SW HWY 200
OCALA, FL 34476

FEI Number: 20-1718562 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WOODRUFF, RANDY
801 S BROAD ST
BROOKSVILLE, FL 34601 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: KOLAVENTY, RAVINDRA
Address: 3434 S.W. 10TH TERRACE
City-St-Zip: Ocala, FL 34474

Title: MGRM () Delete
Name: KOLAVENTY, KAMESHWARI
Address: 3434 S.W. 10TH TERRACE
City-St-Zip: Ocala, FL 34474

Title: MGRM () Delete
Name: KOLAVENTY, RAJARSHI
Address: 3434 S.W. 10TH TERRACE
City-St-Zip: Ocala, FL 34474

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KAMESHWARI KOLAVENTY

MGRM

08/01/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date