2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000073833

1. Entity Name
PADMA, LLC

Principal Place of Business	Mailing Address
6600 SW HWY 200 OCALA, FL 34476	6600 SW HWY 200 OCALA, FL 34476

DO NOT WRITE IN THIS SPACE

03242008No Chg-LLC CR2E083 (12/07)

4. FEI Number
20-1718562
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

WOODRUFF, RANDY
801 S BROAD ST
BROOKSVILLE, FL 34601

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	KOLAVENTY, RAVINDRA
STREET ADDRESS	3434 S.W. 10TH TERRACE
CITY-ST-ZIP	OCALA, FL 34474
TITLE	MGRM
NAME	KOLAVENTY, KAMESHWARI
STREET ADDRESS	3434 S.W. 10TH TERRACE
CITY-ST-ZIP	OCALA, FL 34474
TITLE	MGRM
NAME	KOLAVENTY, RAJARSHI
STREET ADDRESS	3434 S.W. 10TH TERRACE
CITY-ST-ZIP	OCALA, FL 34474
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000878201
04/14/08-80045-015 138.75

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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: K. Kolaventy 3/28/08 352-875-0441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #