

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000073833

Entity Name: PADMA, LLC

FILED  
Mar 25, 2009  
Secretary of State

**Current Principal Place of Business:**

6600 SW HWY 200  
OCALA, FL 34476

**New Principal Place of Business:**

**Current Mailing Address:**

6600 SW HWY 200  
OCALA, FL 34476

**New Mailing Address:**

6600 SW HWY 200 SUITE 300  
OCALA, FL 34476

FEI Number: 20-1718562

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**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: RAVINDRA KOLAVENTY

P

03/25/2009

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