2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2005
Secretary of State

DOCUMENT# L04000081947

Entity Name: GERMANE TECHNOLOGY SOLUTIONS LLC

Current Principal Place of Business:

8787 SOUTHSIDE BLVD
4210
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

8787 SOUTHSIDE BLVD
4210
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NETTEM, RAJESH
8787 SOUTHSIDE BLVD
4210
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

RALAPALLI, SWATHI
8787 SOUTHSIDE BLVD
4210
JACKSONVILLE, FL 32256 US

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: RALAPALLI,SWATHI 02/08/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: NETTEM, RAJESH
Address: 8787 SOUTHSIDE BLVD, APT#4210
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGR (X) Delete
Name: RALAPALLI, SWATHI
Address: 8787 SOUTHSIDE BLVD, APT#4210
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: RALAPALLI, SWATHI
Address: 8787 SOUTHSIDE BLVD, APT#4210
City-St-Zip: JACKSONVILLE, FL 32256

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RALAPALLI,SWATHI MRS 02/08/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date