

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90021 042 \*\*\*138.75

**DOCUMENT # L05000000741**

1. Entity Name  
IYER COLONIAL INVESTMENTS, LLC



Principal Place of Business  
1430 ROYAL PALM SQ BLVD  
103  
FORT MYERS, FL 33908 US

Mailing Address  
15660 SAN CARLOS BLVD.  
SUITE 32  
FORT MYERS, FL 33908 US

**60038259**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address  
1430 Royal Palm Sq. Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
Suite 103

04232008 Chg-LLC CR2E083 (12/06)

City & State

City & State  
FORT MYERS, FL

4. FEI Number  
74-3137059

Applied For  
Not Applicable

Zip

Country

Zip

33919

Country

LEE

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

6. Name and Address of Current Registered Agent

PARAMESWARAN, ARUN  
15660 SAN CARLOS BLVD  
32  
FORT MYERS, FL 33908

7. Name and Address of New Registered Agent

Name ARUN PARAMESWARAN  
Street Address (P.O. Box Number is Not Acceptable)  
1430 Royal PALM Square BLVD  
Suite 103  
City Fort Myers FL Zip Code 33919

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete  
NAME PARAMESWARAN, ARUN  
STREET ADDRESS 15660 SAN CARLOS BLVD 32  
CITY-ST-ZIP FORT MYERS, FL 33908

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Arundhar*

4/29/08

239-481-5800