

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000000741

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Entity Name:** IYER COLONIAL INVESTMENTS, LLC

**Current Principal Place of Business:**

1430 ROYAL PALM SQ BLVD  
103  
FORT MYERS, FL 33908 US

**New Principal Place of Business:**

1430 ROYAL PALM SQ BLVD  
103  
FORT MYERS, FL 33919 US

**Current Mailing Address:**

1430 ROYAL PALM SQ. BLVD STE 103  
FORT MYERS, FL 33919 US

**New Mailing Address:**

**FEI Number:** 74-3137059      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PARAMESWARAN, ARUN  
1430 ROYAL PALM SQ BLVD  
STE 103  
MIAMI BEACH, FL 33119 US

**Name and Address of New Registered Agent:**

PARAMESWARAN, ARUN  
1430 ROYAL PALM SQ BLVD  
STE 103  
FORT MYERS, FL 33919 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: ARUN PARAMESWARAN

04/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PARAMESWARAN, ARUN  
Address: 15660 SAN CARLOS BLVD 32  
City-St-Zip: FORT MYERS, FL 33908 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: PARAMESWARAN, ARUN  
Address: 1430 ROYAL PALM SQ BLVD STE 103  
City-St-Zip: FORT MYERS, FL 33919 US

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: ARUN PARAMESWARAN

MGRM

04/30/2009

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