

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000014060

FILED  
May 16, 2007  
Secretary of State

Entity Name: INDUS LLC.

**Current Principal Place of Business:**

4014 NORTH OCEAN DRIVE  
HOLLYWOOD, FL 33019

**New Principal Place of Business:**

**Current Mailing Address:**

4014 NORTH OCEAN DRIVE  
HOLLYWOOD, FL 33019

**New Mailing Address:**

FEI Number: 20-2308516      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

EBERLE, CHRISTOPHER G SR  
4014 NORTH OCEAN DRIVE  
HOLLYWOOD, FL 33019    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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: EBERLE, CHRISTOPHER G SR  
Address: 4014 NORTH OCEAN DRIVE  
City-St-Zip: HOLLYWOOD, FL 33019

Title: MGRM      ( ) Delete  
Name: NAGARAJAN, KANNAN  
Address: 1255 SW 101 TERRACE, #209  
City-St-Zip: PEMBROKE PINES, FL 33025

**ADDITIONS/CHANGES:**

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: CHRISTOPHER G EBERLE

MGR

05/16/2007

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