

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000014060

FILED  
Jul 22, 2008  
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:**

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

07/22/2008

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