

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000025919

Entity Name: LAKSHMI PWC, LLC

FILED  
Feb 21, 2006  
Secretary of State

**Current Principal Place of Business:**

3663 MARBON ROAD  
JACKSONVILLE, FL 32223

**New Principal Place of Business:**

**Current Mailing Address:**

3663 MARBON ROAD  
JACKSONVILLE, FL 32223

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

CHOKSI, RUSHAB  
3663 MARBON ROAD  
JACKSONVILLE, FL 32223 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: CHOKSI, RUSHAB  
Address: 3663 MARBON RD  
City-St-Zip: JACKSONVILLE, FL 32223

Title: MGRM ( ) Delete  
Name: WATKINS, JAMES  
Address: 273 BEECH BROOK STREET  
City-St-Zip: JACKSONVILLE, FL 32259

Title: MGRM ( ) Delete  
Name: PATEL, DEVAN  
Address: 10025 COURTNEY PALMS BLVD APT. #204  
City-St-Zip: TAMPA, FL 33619

**ADDITIONS/CHANGES:**

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

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 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: RUSHAB CHOKSI

MGR

02/21/2006

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