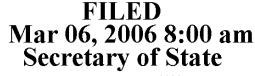
## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT #L05000028377**

NAME

STREET ADDRESS

CITY-ST-ZIP



02-15-2006 90130 004 \*\*\*\*50.00

**DECCAN GLOBAL SERVICES LLC** Principal Place of Business Mailing Address 30001841 123 SUGAR PLUM DR. 123 SUGAR PLUM DR. TALLAHASSEE, FL 32312 TALLAHASSEE, FL 32312 2. Principal Place of Business 3. Mailing Address Suits, Apt. #, etc. Suite, Apt. #, etc. 02082008 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 202832152 Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TULA, RAMARAO V Street Address (P.O. Box Number is Not Acceptable) 2055 THOMASVILLE RD, E-203 TALLAHASSEE, FL 32312 City Zip Code 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 begins from of registered agent and tide if applicable. (NOTE: Registered Agent signisture required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE Delete TITLE ☐ Change ☐ Addition GAGGANAPALLY, VENKAT R NAME HILE STREET ADDRESS 123 SUGAR PLUM DR. STREET ADDRESS TALLAHASSEE, FL 32312 CITY-ST-ZIP CITY - \$1 - 21P ☐ Delete TITLE □ Addition TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Oelete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS COY-ST-7IP CITY . 51 . 789 MILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY+ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED HAME OF RETURNS HEMBER, MANAGER, ON AUTHORIZED REPRESENTATIVE 850-488-9601



Division of Corporations

February 17, 2006

DECCAN GLOBAL SERVICES LLC 123 SUGAR PLUM DR. TALLAHASSEE, FL 32312

Subject: DECCAN GLOBAL SERVICES LLC

Reference Number:

L05000028377

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/MH ANNUAL REPORTS SECTION