

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000031819

FILED
Apr 25, 2008
Secretary of State

Entity Name: NEW MARIANA DEVELOPMENT LLC

Current Principal Place of Business:

2509 WILLOW LANE
LYNN HAVEN, FL 32444 US

New Principal Place of Business:

304 MAGNOLIA AVE
PANAMA CITY, FL 32401 US

Current Mailing Address:

2509 WILLOW LANE
LYNN HAVEN, FL 32444 US

New Mailing Address:

304 MAGNOLIA AVE
PANAMA CITY, FL 32401 US

FEI Number: 20-2639056

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PUROHIT, DILIP
2509 WILLOW LANE
LYNN HAVEN, FL 32444 US

Name and Address of New Registered Agent:

HARRISON, FRANKLIN
304 MAGNOLIA AVE
PANAMA CITY, FL 32401 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: LINDA RANDALL

04/25/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM (X) Delete
Name: PUROHIT, DILIP
Address: 2509 WILLOW LANE
City-St-Zip: LYNN HAVEN, FL 32444 US

Title: MGRM () Delete
Name: REDDY, SUDHAKAR
Address: 3007 KINGS HARBOUR ROAD
City-St-Zip: PANAMA CITY, FL 32405 US

Title: MGRM () Delete
Name: PALEP, N. RAO
Address: 3027 KINGS HARBOUR ROAD
City-St-Zip: PANAMA CITY, FL 32405 US

Title: MGRM () Delete
Name: GARLAPATY, VASUDEV
Address: 1185 COPPERWOOD DRIVE
City-St-Zip: BLOOMFIELD, MI 48302 US

Title: MGRM () Delete
Name: PRESTON, CLAYTON
Address: 483 MORELAND AVENUE, SUITE # 4
City-St-Zip: ATLANTA, GA 30307 US

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:

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: LINDA RANDALL

CPA

04/25/2008

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