

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000085666

Entity Name: PURUS TECH LLC

FILED  
Mar 27, 2006  
Secretary of State

## Current Principal Place of Business:

13201 SANCTUARY COVE DRIVE  
TEMPLE TERRACE, FL 33637

## New Principal Place of Business:

18005 ALLISON PARK PLACE  
APT # 303  
TAMPA, FL 33647

## Current Mailing Address:

13201 SANCTUARY COVE DRIVE  
TEMPLE TERRACE, FL 33637

## New Mailing Address:

18005 ALLISON PARK PLACE  
APT # 303  
TAMPA, FL 33647

FEI Number: 20-3412914

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.  
1840 S.W. 22 STREET, 4TH FLOOR  
MIAMI, FL 33145 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: SARKAR, ASHIS  
Address: 13201 SANCTUARY COVE DRIVE  
City-St-Zip: TEMPLE TERRACE, FL 33637

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: SARKAR, ASHIS  
Address: 10748 PLANTATION BAY DR  
City-St-Zip: TAMPA, FL 33647 US

Title: MGR ( ) Change (X) Addition  
Name: ADHIKARI, ANGAN  
Address: 18005 ALLISON PARK PLACE # 303  
City-St-Zip: TAMPA, FL 33647 US

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: ANGAN ADHIKARI

MGR

03/27/2006

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