


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

01-30-2006 90148 012 ****50.00

DOCUMENT # L05000102620

1. Entity Name
NIRMALA TRIPURANENI, LLC



30003565

Principal Place of Business
1157 SOUTH S.R. # 7
WELLINGTON, FL 33414 US

Mailing Address
1157 SOUTH S.R. # 7
WELLINGTON, FL 33414 US



01052006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number
APPLIED FOR

Applied For Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRIPURANENI, NIRMALA
1157 SOUTH S.R. # 7
WELLINGTON, FL 33414

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when raising)

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE _____ Delete

NAME **MGR**

STREET ADDRESS **TRIPURANENI, NIRMALA**

CITY-ST-ZIP **1157 SOUTH S.R. # 7**
WELLINGTON, FL 33414

TITLE _____ Change Addition

NAME _____

STREET ADDRESS _____

CITY-ST-ZIP _____

TITLE _____ Delete

NAME _____

STREET ADDRESS _____

CITY-ST-ZIP _____

TITLE _____ Change Addition

NAME _____

STREET ADDRESS _____

CITY-ST-ZIP _____

TITLE _____ Delete

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STREET ADDRESS _____

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STREET ADDRESS _____

CITY-ST-ZIP _____

TITLE _____ Delete

NAME _____

STREET ADDRESS _____

CITY-ST-ZIP _____

TITLE _____ Change Addition

NAME _____

STREET ADDRESS _____

CITY-ST-ZIP _____

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.

SIGNATURE: *Nirmala Tripuraneni* Date: 1-25-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER: MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE



ATTACHMENT
300003565

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 3, 2006

NIRMALA TRIPURANENI, LLC
1157 SOUTH S.R. # 7
WELLINGTON, FL 33414 US

Subject: NIRMALA TRIPURANENI, LLC

Reference Number: L05000102620

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** 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.

/CJ
ANNUAL REPORTS SECTION