

FILED
Jun 18, 2007 8:00 am
Secretary of State

04-30-2007 90065 047 ****50.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000060879			
1. Entity Name IYER ROYAL PALM INVESTMENTS, LLC			
Principal Place of Business 15660 SAN CARLOS BOULEVARD SUITE 32 FORT MYERS, FL 33908 US		Mailing Address 15660 SAN CARLOS BOULEVARD SUITE 32 FORT MYERS, FL 33908 US	
2. Principal Place of Business - No P.O. Box # 1430 ROYAL PALM Sq BLVD Suite, Apt. #, etc. 103 City & State FORT MYERS, FL Zip 33908 Country LEE		3. Mailing Address 1430 ROYAL PALM Sq. BLVD Suite, Apt. #, etc. 103 City & State FORT MYERS Zip 33908 Country LEE	
04232007 Chg-LLC CR2E083 (12/06)		4. FEI Number 20-5235395	
5. Certificate of Status Desired ☒ - \$5.00 Additional Fee Required		Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent PARAMESWARAN, ARUN 15660 SAN CARLOS BOULEVARD SUITE 32 FORT MYERS, FL 33908		7. Name and Address of New Registered Agent 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 resigning)			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PARAMESWARAN, ARUN 15660 SAN CARLOS BOULEVARD, SUITE 32 FORT MYERS, FL 33908 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ 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.			
SIGNATURE: <u>Arun</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			