

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000062428

FILED
Apr 22, 2009
Secretary of State

Entity Name: LAKSHMINS FAMILY INVESTMENTS, L.L.C.

Current Principal Place of Business:

3348 CHARLESTON ROAD
TALLAHASSEE, FL 32309

New Principal Place of Business:

Current Mailing Address:

3348 CHARLESTON ROAD
TALLAHASSEE, FL 32309

New Mailing Address:

FEI Number: 65-1283090

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAKSHMIN, GURUSAMI M
3348 CHARLESTON ROAD
TALLAHASSEE, FL 32309 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: MGRM () Delete
Name: LAKSHMIN, GURUSAMI M
Address: 3348 CHARLESTON ROAD
City-St-Zip: TALLAHASSEE, FL 32309

Title: MGRM () Delete
Name: LAKSHMIN, PADMINI
Address: 3348 CHARLESTON ROAD
City-St-Zip: TALLAHASSEE, FL 32309

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

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

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

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

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: LAKSHMIN, PADMINI
Address: 3348 CHARLESTON RD
City-St-Zip: TALLAHASSEE, FL 32309

Title: MGRM () Change (X) Addition
Name: LAKSHMIN, SHIVA
Address: 2763 FAWN RIDGE CT.
City-St-Zip: TALLAHASSEE, FL 32309

Title: MGRM () Change (X) Addition
Name: LAKSHMIN, HEMANSHI
Address: 2763 FAWN RIDGE CT.
City-St-Zip: TALLAHASSEE, FL 32309

Title: MGRM () Change (X) Addition
Name: HIRA, KETAN
Address: 842 IVY POINT LANE
City-St-Zip: KNOXVILLE, TN 37922

Title: MGRM () Change (X) Addition
Name: HIRA, SHEELA
Address: 842 IVY POINT LANE
City-St-Zip: KNOXVILLE, TN 37922

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: GURUSAMI M. LAKSHMIN

MGRM

04/22/2009

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