2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000075196

Entity Name: ASTUTANT LEESBURG, LLC

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1035 WEST DIXIE AVE LEESBURG, FL 34748 US 1430 ROYAL PALM SQUARE BLVD STE 103

FORT MYERS, FL 33919

Current Mailing Address: New Mailing Address:

1035 WEST DIXIE AVE 1430 ROYAL PALM SQUARE BLVD

LEESBURG, FL 34748 US STE 103

FORT MYERS, FL 33919 US

FEI Number: 20-5288749 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PODUVAL, ABHISHEK PARAMESWARAN, ARUN

1035 WEST DIXIE AVE 1430 ROYAL PALM SQUARE BLVD

LEESBURG, FL 34748 US STE 103

FORT MYERS, FL 33919 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: ARUN PARAMESWARAN 04/29/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 PARAMESWARAN, ARUN
 Name:

 Address:
 1430 ROYAL PALM SQUARE BOULEVARD, # 103
 Address:

 City-St-Zip:
 FORT MYERS, FL 33919 US
 City-St-Zip:

Title: MGRM (X) Delete Title: () Change () Addition

Title: MGRM (X) Delete Title: () Change () Addition

 Name:
 PODUVAL, ABHISHEK
 Name:

 Address:
 1035 WEST DIXIE AVE
 Address:

 City-St-Zip:
 LEESBURG, FL 34748
 City-St-Zip:

Title: MGRM (X) Delete Title: () Change () Addition

 Name:
 PARAMESWARAN, RAMAA
 Name:

 Address:
 1430 ROYAL PALM SQUARE BOULEVARD, # 103
 Address:

 City-St-Zip:
 FORT MYERS, FL 33919
 City-St-Zip:

Title: MGRM (X) Delete Title: () Change () Addition

 Name:
 RAMACHANDRAN, RANJITH K
 Name:

 Address:
 1035 WEST DIXIE AVE
 Address:

 City-St-Zip:
 LEESBURG, FL 34748
 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: ARUN PARAMESWARAN MGRM 04/29/2009