

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000116842

FILED
Feb 07, 2008
Secretary of State

Entity Name: HARVEST SOFTWARE SOLUTIONS, LLC

Current Principal Place of Business:

8064 TIMBERMILL ROAD
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

8064 TIMBERMILL ROAD
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 84-1648732

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAMBERLAIN, JOEL CPA
2950 HALCYON LN
STE 606
JACKSONVILLE, FL 32223 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: BANDARU, SRI RAVI K
Address: 8064 TIMBERMILL ROAD
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGRM () Delete
Name: PAILA, SAI SAILAJA V
Address: 8064 TIMBERMILL ROAD
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGRM () Delete
Name: HARVEST TECHNOLOGIES, PRIVATE LIMIT E D
Address: #67,RADHASWAMI CLNY,SIKH RD,SECUNDERABAD
City-St-Zip: ANDHRA PRADESH, INDIA, XX

ADDITIONS/CHANGES:

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

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

Title: () Change () Addition
Name:
Address:
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: SRI RAVI K BANDARU

MGRM

02/07/2008

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